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ARTERIO-SCLEROSIS

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From the day we are born, we begin to die. The organs of the body, in the successive decades of life from birth to old age, continually record degenerative changes, in some people earlier than in others, in some organs more noticeably than in others. Among the tissues of the body that commonly register these changes are the arteries, with the development of arterio-sclerosis. Arterio-sclerosis is a term loosely used to describe changes in the arteries that result in loss of elasticity, hardening, rigidity and tortuosity. The important rôle of arterio-sclerosis in life has been well expressed by the axiom: "A man is as old as his arteries."

The onset of these changes is variable in different individuals. It is not uncommon to see a man of thirty years with arteries of a man of sixty. The factors that influence these changes are many. In the first place, the quality of the "vital rubber" a man has inherited is important; entire families may show the tendency to early arterio-sclerosis. More commonly the arterio-sclerosis results from the bad use of good vessels. Living under constant strain and high pressure contributes in no small measure to the premature ageing of normal vessels. Intoxications and infections such as lead poisoning, rheumatic fever, typhoid fever have been definitely associated with the development of arterio-sclerosis, while the metabolic diseases such as diabetes and nephritis also play a well recognized rôle.

One other important factor in the development of arterio-sclerosis is hypertension. The blood pressure or force with which the blood circulates, depends upon five factors: the heart pump supplies the force; the elastic coats of the large arteries convert an intermittent stream into a continuous one; the small arteries act as taps regulating control to the different parts; the capillary bed is the irrigation field over which the fluid is distributed; the drainage system is represented by the veins and lymph channels. The importance of a necessary pressure was first realized by Galen when he said: "Many canals, dispersed throughout all parts of the body, convey to them blood as those of a garden convey moisture, and the intervals separating those canals are wonderfully disposed by nature in such a way that they should neither lack a sufficient quantity of blood for absorption, nor be overloaded at any time with an excessive supply." High tension may be associated with arterio-sclerosis in the small vessels of the heart or kidney (usually both) or it may be of some unexplainable origin.

Much disagreement exists in regard to the actual sequence of events in the development of the arterial changes. Certainly not all cases are similarly affected. Though the disease is generalized, it usually predominates in one organ. In some, the larger vessels are involved; in others, the smaller. The different vessel coats are variably affected. But, whatever the etiology or sequence of events, the results

are the same, namely, arteries without elasticity, hard, rigid and tortuous. Dilatation, bulging and even rupture may occur and in the smaller vessels complete obliteration, sometimes hastened by thrombosis, is not uncommon.

As the disease is generalized and insidious in its onset, so are the early symptoms. Particularly in the senile type, mental and physical deterioration follow vague symptoms of indisposition, irritability, emotional instability and insomnia. Frequently, digestive disturbances prove very troublesome, and anorexia marked. As the nutrition of the heart muscle becomes compromised, symptoms of myocardial inefficiency appear. This individual, in the later stages of the process, is well described by Shakespeare:

The sixth age shifts
Into the lean and slippered pantaloon
With spectacles on nose and pouch on side
His youthful hose well saved, a world too wide
For his shrunk shank; and his big manly voice
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all
That ends this strange eventful history
Is second childishness and mere oblivion
Sans teeth, *sans* eyes, *sans* taste, *sans* everything.

Arterio-sclerosis with hypertension presents a somewhat different picture. Here we are dealing with people of middle age or just past middle age, often healthy looking, whose hypertension is accidentally recognized in routine examination. Nervousness, irritability, fatigability, and headache are among the common symptoms, and as the disease progresses, the heart manifestations appear. The effect of arterio-sclerosis on the myocardium occurs in three ways: by interference with the proper nutrition of the heart muscles through narrowing of the coronary arteries, thus sometimes also interfering with the rhythm mechanism in the myocardium; by the obliteration of the vessels of the valves producing valvular defects; and finally, as a result of changes in the heart muscle resulting from generalized arterio-sclerosis with its associated hypertension and increased peripheral resistance. Of the common cardiac irregularities or arrhythmias frequently observed as a result of arterio-sclerosis, premature systoles are the most common. It is recognized by the occasional extra beat when taking the pulse. Auricular fibrillation is another common development and is recognized by an extremely irregular pulse, irregular in rate, rhythm, volume and tension. Heart block, recognized by a regular irregularity, may occur.

Electro-cardiography

While on the subject of cardiac irregularities, it might be of interest to devote a few moments to the subject of electro-cardiography. The electro-cardiograph is an instrument by which it is possible to record graphically the movements of the auricles and the ventricles, the origin of the stimulus for contraction, the path along which it travels, the time it takes to travel, the time it takes the auricle and the ventricle to contract.

The stimulus for contraction normally arises in the sinus part of the auricle. It travels along a definite path to a node called the auricular ventricular node and from here it goes down a path in the interventricular septum to be distributed to the musculature of each ventricle. Because of impaired circulation to this region the various arrhythmias result. These are not always recognized by simple pulse takings, and the necessity of actually determining the origin and nature of the irregularity is essential to both the treatment and prognosis. The electro-cardiograph is used for that purpose. The principle of the instrument is based on the fact that when a muscle contracts it can produce an electric current if both ends of the muscle are connected with wires to complete the circuit. The connections are made through the skin, so that the arm would represent a connection at the base of the heart and the leg at the apex.

The connection of a very fine recording instrument called a galvanometer to measure the degree of current made by each heart contraction in this electric circuit constitutes the electro-cardiograph and the record an electro-cardiogram. While the electro-cardiogram is a great aid in diagnosis of doubtful cases it can only record limited information and frequently normal electro-cardiograms do not exclude the presence of severe myocardial damage.

"Rest" and "Reserve"

In considering heart disease, it is of fundamental importance that we should have a true conception of the principles which underlie heart failure. It should be understood that the essential cause of heart failure lies in the heart muscle. Changes in the heart muscle render it unable to maintain an efficient circulation. Now, if this view of the causation of heart failure be correct, valvular defects, diseased conditions of the blood vessels, disturbances of normal rhythm, should be regarded from the point of view of the relation which they bear to the heart muscle, rather than as specific affections in themselves. The "rest force" of the heart is the force inherent in the heart muscle of maintaining an efficient circulation when the body is at rest. When effort is made the heart calls on its "reserve force." The amount of reserve force is of utmost importance and can be estimated by the response of the heart to effort. The pulse rate after standard physical exertion and, what is of much greater value, the amount of exertion in which a patient can indulge without experiencing undue shortness of breath, undue palpitation, undue fatigue, giddiness, faintness, discomfort or pain, or sense of constriction in the chest are the standards of measurement.

The "rest force" in different individuals varies according to their activities and every individual knows just how much he can do without experiencing symptoms of cardiac distress. It is the deviation from normal, the recognition that less than his normal exertion produces these symptoms which indicates the onset of heart failure. Cardiac failure almost invariably begins with diminution of the "reserve force" of the heart, and only ultimately do the symptoms of cardiac distress appear with the patient at complete rest. The terms "compensation" and "decompensation" are frequently used to express whether or not the myocardium responds adequately or inadequately to demands made upon it by exercise.

Whether the arterio-sclerosis results in arrhythmias, valvular defects or destruction of the myocardium, the essential factor depends on the amount of "reserve force." As the disease progresses the "reserve force" is gradually reduced and the dyspnoea, palpitation, fatigue, giddiness, faintness, precordial discomfort and pain become increasingly more prominent until the patient presents the usual picture of complete myocardial insufficiency.

Thrombosis

Not uncommonly the final episode is coronary thrombosis. Decreased rate of flow in the artery, together with changes in the intimal coat, predisposes the vessels to thrombus formation. The formation of a thrombus naturally results in sudden and complete occlusion of the vessel involved. If large, rapid necrosis of the myocardium results and death rapidly supervenes. If the vessel is small, the patient survives and scar tissue replaces the destroyed myocardial fibres.

The complication sets in very suddenly. Usually it is in a male, past middle age, who has had a few symptoms of myocardial insufficiency. Occasionally previous symptoms may have been so slight as to have been overlooked. Precordial pain, shock and collapse suddenly develop. The pain may be severe and radiate as in angina pectoris or it may consist of substernal discomfort. Some-

times the pain is in the epigastrium and associated with nausea and vomiting; it is these latter symptoms that have frequently led to the mistaken idea that death in these cases was due to acute indigestion.

The pain is persistent, lasting for hours and the patient is restless and may walk around for relief, the colour ashen pallor, with profuse cold sweating. The pulse is rapid, weak and sometimes irregular. The electro-cardiogram may or may not show characteristic changes. The prognosis in these cases is very grave and death may result in a few minutes to a few hours. Where the patient survives the initial shock, and lives for a few days the outlook is better. At least three months of mental and physical rest are essential to recovery. The subsequent care is similar to that of chronic myocardial failure.

Treatment

From the nature of the pathological changes which take place in the arteries in arterio-sclerosis it is obvious that restoration of these vessels to normal is impossible. A great deal, however, may be achieved in relieving symptoms, and in retarding or even arresting the disease. Early recognition and early treatment are essential. Foci of infection should be removed. The diet should aim to build up the anaemic and undernourished and reduce the obese. Elimination should be properly effected, using mild cathartics. In cases of insomnia and tachycardia or extra systoles, tea and coffee should be avoided. Exercise, regular and systematic, commensurate with myocardial efficiency, should be advised. Massage and physiotherapy are often helpful where active exercise is contra-indicated. The hours of work should be reduced, the tension of life relieved as much as possible. Long vacations should be encouraged. In short, the attitude to be adopted must be that since the heart can no longer keep up with the individual, the individual must come down in his activities to the level of his heart.

AN APPOINTMENT

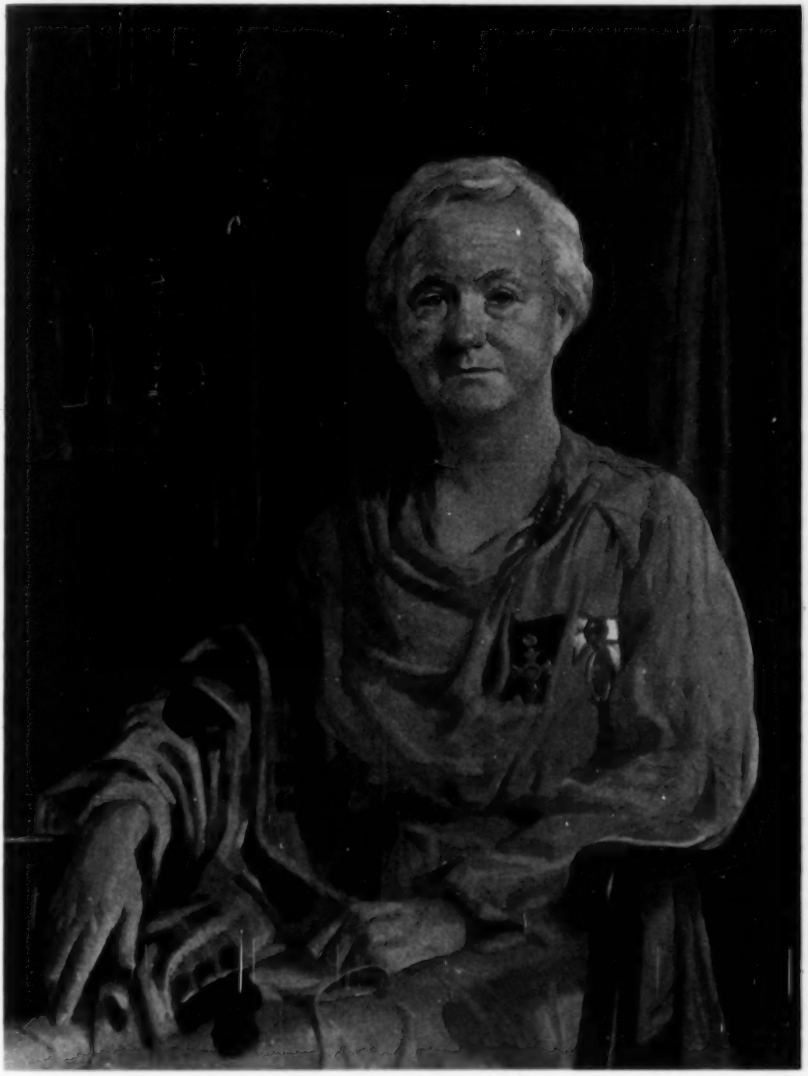
The Saskatchewan Registered Nurses Association has appointed Miss Ada M. Hubbell to the position of School of Nursing Adviser and Registrar. Miss Hubbell is Canadian by birth and attended Alma College in St. Thomas, Ont. She is a graduate of the School of Nursing of the Cleveland City Hospital and holds the degree of Bachelor of Science (majoring in administration of schools of nursing) conferred by Teachers College, Columbia University.

Miss Hubbell's experience has been such as to afford her an excellent preparation. She has served as instructor and assistant in Christ Hospital, Jersey City, as assistant in Harper Hospital, Detroit, and as supervisor in the communicable disease department of the Victoria Hospital, London, Ontario. She also has first-hand knowledge of public health work, having organized a generalized health programme, under the auspices of the Red Cross Society, in a community of four thousand people. Last, but by no means least, she has had actual experience in private duty nursing.

The Registered Nurses Association of Saskatchewan is to be congratulated upon the enterprise which has been displayed in making this appointment possible and in the selection of a properly qualified nurse to fill it. Miss Hubbell will assume her new duties during the first week of September.

PORTRAIT OF MISS GUNN

Here is another fine portrait to add to our "national gallery" of distinguished Canadian nurses. The artist is Sir Wyly Grier and he has given us a vivid likeness of one of the most beloved and respected women in the nursing world. We speak in the broadest sense, for the fearless and enlightened leadership of Jean E. Gunn has been manifested far beyond the limits of her own country. Yet she is essentially Canadian and personifies some of the qualities which we are proud to think are peculiarly characteristic of Canadian nurses. There could be no higher praise.



JEAN I. GUNN, O.B.E.

This portrait is a gift of the Alumnae Association to the School of Nursing of the Toronto General Hospital. As a work of art it has

great distinction: the soft grey of the dress contrasts admirably with the rich drapery of the background. The strong modelling of the head is particularly striking and, beneath the gravity of expression, the artist has managed to convey a hint of the unfailing humour which is so characteristic of Miss Gunn. The decorations she is wearing are two of the many which have been conferred upon her — the insignia of the Order of the British Empire and the Florence Nightingale Medal awarded by the International Red Cross Society.

PROVINCIAL MEETINGS

British Columbia

The annual meeting of the Registered Nurses Association of British Columbia was held at Victoria, on April 17 and 18, with an interesting programme. Report of the activities of the Association and of both standing and special committees were of much interest, and much stress was laid on the approaching Biennial Meeting of the Canadian Nurses Association in Vancouver and the hope expressed that many from British Columbia would attend. Interesting meetings of the sections were held and from the Public Health Section came the following resolution to be presented to the Canadian Nurses Association for consideration: "That the Canadian Nurses Association be asked to investigate the possibilities of the establishment of a fund for a National Pension Scheme for which all the members of the Association would be eligible and to which they would be contributors."

The annual dinner was held at the Oak Bay Beach Hotel, and an address was given by Mrs. Mutrie, assistant City Relief Officer, on "Social Work from a relief worker's point of view." Dr. T. W. Walker, superintendent of the Royal Jubilee Hospital, spoke on "Standards of nursing" and emphasized the need of facilities for physical training of the student nurse. Meetings on Saturday afternoon and evening gave opportunity for transaction of business. Details of a scholarship to be given in 1936 were discussed and associations in British Columbia will be notified of the arrangements for applications. An excellent paper on "Malignant diseases from the point of view of a registered nurse," by Dr. Bede J. Harrison, was one of the features of the afternoon. Another, with an intentional omission of title, but which proved to be one of excellent advise to nurses as to future outlets both within and without their profession, was that given by Dr. George F. Davidson, director of the Vancouver Welfare Federation. The nurses were entertained at tea by the Royal Jubilee Hospital on April 17, and the meetings were held at this hospital by the courtesy of the authorities. Saturday's meetings were held at St. Joseph's Hospital and refreshments were served at conclusion of the evening's sessions. Votes of thanks were extended to both hospitals and their executives, the speakers and the press.

Ontario

The annual meeting of the Registered Nurses Association of Ontario was, as usual, a most stimulating experience. This year the Association met in Peterborough and the sessions lasted for three days — April 15 to 17. There was not a dull moment and the arrangements committee, under the able direction of Miss E. M. Leeson, superintendent of the Nicholls Hospital, deserves special commendation for the excellent planning which ensured comfortable meeting places as well as delightful social affairs. The wheels seemed to turn so easily that one almost forgot the careful attention to detail which such occasions demand.

The programme included the consideration of some valuable reports, among them that of the committee on the distribution of nursing service which will appear in full in the *Journal*. Animated discussion centred round the policies to be adopted with respect to the Permanent Education Fund and there was a lively debate regarding the tentative report (presented by Miss Mary Millman) of the committee of the Canadian Nurses Association respecting Dominion registration. A most stimulating report of the activities of the provincial Council of Nursing Education was presented by Miss E. Muriel McKee. Miss Edith Young, instructor at Nicholls Hospital, drew attention to the excellent professional and educational exhibit which was of unusual value and interest.

Through the good offices of the Peterborough Medical Society, an exhibit dealing with cancer was placed on view. This was prepared by the American Society for the prevention of cancer and by the Ontario Department of Health. In addition there was a fine exhibit concerning tuberculosis and a most informative film was shown by Dr. Neal.

An outstanding feature of the meeting was the fact that all sessions were general in character. There was no huddling of private duty nurses in one room, or of nurse educators in another or of public health nurses in a third. On the contrary, everybody came and everybody spoke their minds. The private duty group, with Miss Jean Church presiding, set the ball rolling with three very fine papers: "Essentials of nursing care in tuberculosis," by Miss M. McCort, of the Niagara Peninsula Sanatorium, St. Catharines; "Nursing care in some types of mental illness," by Miss Edith Dick, of the Nurse Registration Branch, Ontario Department of Health; "Private duty nurses' problems," by Miss Madalene Baker, a private duty nurse of London. We hope eventually to publish all of them but a word must be said here about Miss Baker's contribution. She made history because she said, out loud, that the principle of supervision must be accepted in the private duty field. There was an audible gasp but no one fainted away nor was Miss Baker rebuked for her temerity. Perhaps we should add that she is herself a successful private duty nurse. The nurse education section, under the chairmanship of Miss S. Margaret Jamieson, took hold where the private duty section left off and pointed the way toward better preparation for community service.

The public health section, with Miss Edna Moore presiding, offered a lively panel session with Miss Edna Howey, supervisor in the Ontario Department of Health, as the foreman of an extremely intelligent "jury." The "jurors" included: Miss Helen Heffernan, superintendent, St. Elizabeth Visiting Nursing Association; Miss M. A. Read, child hygiene nurse, Board of Health, St. Catharines; Miss Bessie Wilson, school nurse, Kingston; Miss Miriam S. Sherwood, public health nurse, Niagara Peninsula Sanatorium; Miss Jessie Y. Farquharson, public health nurse, East York Township, Dr. Cameron A. Warren, medical officer of health, York Township. Our readers will later have an opportunity of judging for themselves how clearly and completely this question was answered: "How may communities receive public health nursing service?"

Reports from all the ten districts were presented by their respective conveners: District 1, Miss Mabel Hoy; Districts 2 and 3, Miss Helen L. Potts; District 4, Miss Constance Brewster; District 5, Miss P. Beatrice Austin; District 6, Miss Florence Fitzgerald; District 7, Miss M. Bliss; District 8, Miss Maude E. Hall; District 9, Miss H. Elizabeth Smith; District 10, Miss May Hamilton. It was more than ever apparent that the provincial Association, through its ten districts, is building up a fine spirit of co-operation and mutual understanding among its members and that its value especially in the outlying parts of the province, is increasing from year to year.

Peterborough is noted for its hospitality and was true to its reputation. The members of District 6 tendered a delightful afternoon tea, and the Alumnae Association of Nicholls Hospital and of St. Joseph's Hospital, Peterborough, arranged a much appreciated supper in the pleasant surroundings of the Kawartha Country Club. Much to the regret of every one, the reception arranged by Dr. and Mrs. Stewart had to be cancelled owing to the illness of Dr. Cameron. His unfailing interest in nursing affairs has been manifested for many years and his absence was a keen disappointment to the Association.

The retiring president, Miss Marjorie Buck, was tendered a hearty vote of thanks for her wise direction of the affairs of the Association. She has displayed both dignity and poise and has rendered untiring service. Miss Matilda E. Fitzgerald received much praise for her loyal and efficient work as secretary-treasurer. The new president is Miss Ethel Cryderman, superintendent of the Toronto branch of the Victorian Order of Nurses. She brings to her task the qualities of initiative and leadership which it demands and, under her capable direction, great things may be expected from the Registered Nurses Association of Ontario during the coming year.

Saskatchewan

The annual meeting of the Saskatchewan Registered Nurses Association took place in Regina on April 16-17, 1936. Miss Edith Amas, of Saskatoon, occupied the chair in the capacity of President of the Association. Miss Elizabeth Smith, of Moose Jaw, convener of the public health section emphasized the need of an increased staff of provincial public health nurses; at present there are 57 public health nurses in the province. Miss H. Wills, of Regina, convener of the private duty section, stated that each centre had reported some improvements in employment, although eight-hour duty had not, so far, proved a success, chiefly due to lack of co-operation on the

part of doctors and of the public. However, an increase in the number of calls shows that it is slowly growing in favour.

Reporting as convener of the nursing education section, Miss A. Lawrie, of Regina, said that exception had been taken to the action of the Provincial Government in rescinding the amendment to the regulations governing hospitals which conduct schools of nursing. The former Government had raised the requirements of small hospitals to seventy beds but the present Government had lowered this requirement to thirty beds. The necessity for maintaining high standards in the training school was emphasized. The delegates from the S.R.N.A. to the Biennial Meeting of the Canadian Nurses Association will be Miss Edith Amas, of Saskatoon; Miss Annie Lawrie, of Regina; Miss Elizabeth Smith, of Moose Jaw, and Miss H. Wills, of Regina.

GETTING THE FACTS

The nursing profession has long recognized the fact that non-hospitalized sick people are not provided with the kinds and quality of nursing service necessary, but it remained for District 5 of the Registered Nurses Association of Ontario to present to the Board of Directors a resolution which determined action to meet this perplexing problem:

"In view of the fact the present economic situation has awakened public interest in the need for more adequate provision of nursing care for those whom under the most favourable conditions are too often deprived of such care, it would seem timely to make as intimate a study as is possible of the extent to which nursing service is available to those of the non-hospitalized sick who are in need of such services."

The following members were then appointed to the committee on distribution of nursing service: Miss Isabel MacIntosh (convener), Miss Marjorie Buck, Miss Edna Moore, Miss Matilda Fitzgerald, Miss Ethel Cryderman. It was felt that more permanent value would be given to the work of the committee by seeking the co-operation of the medical profession and the sympathetic understanding of the community, Mrs. W. F. B. Parsons, M.B.E., of Port Credit, representing the Federated Women's Institutes of Ontario; Miss Nell Wark of the unemployment relief branch of Public Welfare, and Dr. Ward Woolner, of Ayr, were therefore offered and accepted membership.

In June, 1934, the first step was taken toward obtaining statistical evidence of the need for a better distribution of nursing services through some comprehensive survey of sick people in Ontario. If funds had been available a full-time worker would have been secured for the task but an approach to the Rockefeller Foundation brought a negative reply. However, since the necessary money could not be found it was decided that a less intensive survey must be undertaken by the members of the Registered Nurses Association of Ontario.

In each of the nine districts the local chairman was asked to organize the membership for a canvass of the physicians but it was decided to exclude the cities of Hamilton, London, Ottawa and Toronto. This decision was not based on the assumption that the people in these centres enjoy the full benefits of nursing service but rather upon the comparative ease with which such information could be obtained from the welfare and health agencies in these cities together with the tremendous extent of the task undertaken by the personal visit method.

The method of study agreed upon was to provide a questionnaire which would be presented to the physicians on a given day by members of the Registered Nurses Association of Ontario. The questions referred to only one day, namely, the day previous to the nurse's visit. The questionnaire was prepared by the committee and approved, together with the plan of organization by the Board of Directors. The proposed plan was discussed with representatives of the Ontario Medical Association and the approval of their Board of Directors was voted. The Ontario Medical Bulletin published an article explaining the survey and commending it to the physicians.

The success of this effort to obtain accurate

statistics is commensurate with the amount of leadership available in the Districts and it is interesting to note that out of 2,282 questionnaires provided to District chairmen, 724 were returned. Of these, 678 were complete, 39 were unsuitable for tabulation, and seven were refusals to answer. The returns were tabulated by Miss Mary A. Ross, M.A., Department of Epidemiology and Biometrics, School of Hygiene, University of Toronto. The complete statistical analysis of the survey is too comprehensive to include in this report but we want you to know that out of 13,982 current cases of illness:

42% maternity patients needing nursing care were not receiving it.

51% pneumonia patients needing nursing care were not receiving it.

73% acute communicable patients needing nursing care were not receiving it.

62% of patients suffering from other medical diseases needed care.

25% of surgical cases needed care.

No so-called "luxury nursing" is included in this report.

These figures supply the key to some understanding of the problem. Two points are obvious — that the community is not being adequately supplied with nursing services and that most of the families in the community are unable to pay for skilled service. Surgical cases receive the most adequate care, while in acute communicable diseases — the dread of every Ontario home — all but 27% are left to the problematical care of the family.

There is nothing new in the general statement that many sick people are forced to do without professional nursing service while an even higher percentage of nurses are in need of employment. What is new is this study of clearly substantiated facts; and it is from these facts and not from anyone's theory that this committee feel they have paved the way for devising a new system of community service which will at least provide the essential nursing care with regard to the patient's need rather than his economic standing.

At the time of this provincial survey, various doctors made constructive comments of which the main interpretations are:

The need for intensive community education regarding the great necessity of procuring nursing services for the non-hospitalized sick.

The need of education in schools of nursing toward developing, in the student nurse, a more sympathetic understanding of household problems.

The necessity for including licensed practical nurses in any new system of community service.

HOLIDAYS

MARY WILSON, Reg. N., Toronto.

It was a glorious June morning when Ruth and I, after long months of night duty, set our faces westward for a long-promised holiday. To behold the Rocky Mountains with one's own eyes is to realize how futile is any effort at describing them, and this we learned on that June day when, from morning until night, we were carried along on ribbons of steel, or at times seemingly suspended in mid-air. Higher and higher we climbed, winding our way about and around, between or over the sides of gigantic boulders, each curve exposing to view some new panorama of colour or awe-inspiring snow-crowned peak. Then onward still, over stream and torrent, through valley, field, and verdure we rushed, reaching our destination exactly on time. A few of our travelling companions hurried off to their waiting steamers bound for business in the Orient, but Ruth and I had eyes for nothing more inviting than that Western coast of our own, our native land!

How wonderful is the charm of the placid Pacific with its summer skies and shores of endless green. Around and about stand the snow-capped mountains — those silent guardians of fertile valleys yet unpeopled; of rocky wealth yet undeveloped and of countless miles of timber unsurveyed. And what a harbour! Well might it be the pride of any nation. Here we rested in silent wonder.

But holidays must end, and soon amid fields of golden grain we found ourselves hurrying back over the plains. It was night again on the prairie, but this time we left our train at Foxville. That little village had secured a place on the map of a new line of rail, and had its primitive railway station. The Foxville padre

met us and motored us across the prairie to the new Community Centre where Ruth had been appointed to take charge of the hospital division of that work. From the roof-garden of this hospital one may count some ten towns and villages dotted about, and, towering far above them in the distance, the numerous grain elevators scattered over the land.

It is harvest time now, in every sense, and tomorrow Ruth and I will join the golden wedding celebration of a once despaired-of patient. What an evening of genuine joyousness and freedom in the open it will be. From the hour set for that bridal procession until long after sunset we shall catch the fragrance of the wild flowers of the prairie and, amid friends and kinsfolk, feast our eyes upon the vastness of the plains in the gloaming.

COMING EVENTS

Alberta

The twentieth anniversary of the Alberta Association of Registered Nurses will be celebrated at its forthcoming meeting which will take the form of a combined refresher course and convention. The meetings will be held at the Palliser Hotel, Calgary, from June 22 to June 25 inclusive. Addresses will be given at the morning sessions by the following speakers: *Trends in Private Duty Nursing*: Miss E. Johns, editor of *The Canadian Nurse; Institutional teaching and ward management*: Miss Marion Lindeburgh, director of the School for Graduate Nurses, McGill University; *Public health nursing*: Miss Elizabeth Smith, director of health activities of the provincial Normal School, Moose Jaw, Sask.

Three afternoons will be devoted to the business of the Association and one afternoon to observation in hospitals. Miss Eleanor McPhedran, who for the past twenty years has given continuous services to the Association, will give an outline of its history.

Toronto

The School of Nursing of the Hospital for Sick Children will celebrate the fiftieth anniversary of its foundation in June of this year. The following events will mark the occasion. On Monday, June 8, a re-union dinner of the Alumnae Association will take place at the Eaton Round Room, with the members of the graduating class of 1936 as guests of honour. The dinner will be followed by a dance and a good attendance is anticipated. On Tuesday, June 9, the Graduation Exercises will be held in the Convocation Hall of the University of Toronto. A reception at the Nurses' Residence will follow the Exercises. On Wednesday, June 10, a garden party has been arranged at the country branch of the Hospital at Thistledown from four to six o'clock in the afternoon.

The Trustees and Officers of the Hospital cordially invite the Graduates of the School to attend the Graduation Exercies and the Garden Party.

A WELCOME VISITOR

During the month of April Miss Alma C. Haupt, Director of Nursing Service in the Metropolitan Life Insurance Company, paid a visit to some of the Canadian centres where branches of that service are established. In company with Miss Alice Ahearn, superintendent of the Metropolitan nurses in Canada, she made a special study of the work done in Montreal under the auspices of the Company. Miss Haupt was the guest of honour at the annual dinner of the Montreal group and won all hearts by her spontaneity and humour. She also addressed the annual meeting (held in Ottawa) of the Victorian Order of Nurses of Canada and was guest speaker at several functions arranged in her honour in Toronto. Miss Haupt brings to her responsible task the qualifications and the experience which it demands. She previously served as assistant director of the National Organization for Public Health Nursing and, in addition, rendered valuable service with the Commonwealth Fund.

AN ADVENTURE

CHRISTINA MURRAY, one of the Canadian "Internationals."

A year has gone by and another Canadian nurse will be setting forth on a great adventure. For it is a great adventure to spend a year in London studying under the auspices of Florence Nightingale International Foundation. It is a privilege not only to study there but also to meet nurses from all parts of the world.

Shortly she will be sailing down the mighty St. Lawrence and saying farewell to Canadian shores. How we envy her those days on the ocean and that moment when the coast of England is first sighted! We can picture her experiencing the excitement of landing, of passing through the customs, and, with porter in tow, of seeking her place in a compartment of the compact British train which seems so queer to Canadian eyes. Next we follow her to Manchester Square where she will be graciously welcomed by the Warden and taken to the room named after her country. There she will find things, such as homespun blankets from Murray Bay, to remind her of home. If she is from the Prairies she will be delighted to find a woodcut of a prairie scene with its familiar elevator, its field of wheat and its blue sky. Many times she will gaze upon it an imagine herself, not in the heart of England's greatest city, but driving along a prairie trail bordered with golden grain.

The year's work is begun with a period of observation spent in the wards of London's great hospitals or in the public health centres. If the study of hospital administration be her choice, this nurse may be fortunate enough to be sent to the hospital on the south side of the Thames. There she will live under the shadow of Big Ben, its deep throated voice the last thing she will hear at night and the first thing in the morning. She will never forget the towers of the Houses of Parliament silhouetted against a moonlit sky and the lights of Westminster Bridge shining on the placid waters of the Thames. Like the old lady of the nursery rhyme, she will wonder "Can this be surely I?" These weeks spent in the hospital or "on district" are busy and the days are full, absorbing new sights and ideas. Each week-end the wanderers return to the shelter of Manchester Square to meet their comrades and discuss the pros and cons of "how *they* do this" and "how *we* do that."

Then comes the day when the wandering is over for a while and all return to "Number 15." Thereafter, with dispatch cases in hand, the Internationals wend their way each day to Regent's Park and Bedford College or to Henrietta Street and the College of Nursing. And now the days are filled to overflowing with lectures, reading assignments and writing innumerable essays. The students of non-English speaking countries command the greatest respect from those whose mother tongue is English for the way in which they master subjects, such as psychology, which bristle with technical terms.

CAROLINE ELIZABETH SAGE
Canada's "International", 1936-1937

The Monday afternoon excursions must not be forgotten. After lunch the party gathers in the hall, and, when the last stragglers have appeared, departs by bus and underground for the outlying parts of London. Visits are paid to hospitals, laundries, slum clearance areas, housing schemes, sanitation units and institutions, where those with deficiencies, physical or mental, are cared for and, in some cases, trained to support themselves. These trips are well worthwhile and the student returns home, weary and footsore, but infinitely wiser.

But the days are not all occupied with studies. There are week-ends when lunches are packed and expeditions are made to famous beauty spots near London, such as Kew, Richmond Park, Windsor and Hampton

court. Then there are those afternoons when there is time to seek out museums, quaint streets and historic spots. Those of us who come from a new world become steeped in the tradition of the old and the characters which hitherto have dwelt only in history books become real.

During the Easter recess there is a chance to go farther afield for work in hospitals and public health centres in Great Britain or on the Continent. The trip may be planned to include southern countries such as France, Italy, Czechoslovakia and Jugoslavia, or in the north Poland, Latvia, Finland, Sweden, Norway and Denmark. In either case there is much to see and learn. Everywhere the new Internationals are received with kindness and are welcomed by the old Internationals as members of a great family. All too soon comes the end of term and the day when all must set out for home. It has been a stimulating year, brimful of new and interesting experiences.

SCHOLARSHIPS OFFERED

Scholarship

At the annual meeting of the Registered Nurses Association of British Columbia, it was decided to award the sum of $400 (four hundred dollars) to a nurse, registered in British Columbia, to pursue postgraduate study along professional lines at the University of British Columbia, in any one of the following courses: Public health nursing; teaching and supervision in School of Nursing; hospital administration.

Any member of the Registered Nurses Association of British Columbia shall be permitted to make application for this scholarship, provided she has been engaged in the practice of her profession in this province for at least one year prior to her application. The conditions of the award are as follows: That the recipient be willing to work at least one year in the Province of British Columbia, after the course is completed, if a suitable opportunity occurs. Should circumstances be such that she preferred not to fulfil this condition, the scholarship monies would be refunded by her to the Association. The basis of selection will rest upon the following factors: (a) preliminary general education; (b) school of nursing record; (c) subsequent professional record. Nurses who have been recipients of a previous University scholarship will not be eligible.

Applications should be in the hands of the Registrar of the Registered Nurses Association of British Columbia by July 15, 1936, and should be addressed to 520 Vancouver Block, Vancouver, B.C.

Scholarship

The Alumnae Association of the School of Nursing of the Royal Alexandra Hospital, Edmonton, will award a scholarship to a graduate of this School who is in good standing in the Association. The sum of $250.00 is offered if the applicant proposes to take a postgraduate course in a university; if the course is to be taken in a hospital the amount offered is $100.00.

Application forms may be obtained, from the Scholarship Committee, at the Royal Alexandra Hospital, Edmonton, Alta. Applications will be received until June 15, 1936.

UNIVERSITY TRAVEL CLUB

The University Travel Club of Toronto are offering two series of most attractive European tours. One series travels tourist class, by Cunard White Star, and one series third class by Canadian Pacific, featuring the *Empress of Britain*. The value offered in both series is outstanding. In addition to their usual tours of Great Britain and their Continental itineraries, they are adding optional motor tours in the Pyrenees, Spain, the Châteaux country and Scandinavia. Members of several tours will have the opportunity of visiting the Olympic Games in Berlin and of viewing the new Canadian War Memorial at Vimy.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON : CANADA

THE EDITOR'S DESK

The Award

Under the caption of "Notes from the National Office" the executive secretary of the Canadian Nurses Association makes the official announcement of the award of the Mary Agnes Snively Memorial medals to Miss E. MacPherson Dickson, Miss Jean I. Gunn and Miss Mabel F. Hersey. In the July issue of the *Journal* we are to have the privilege of publishing a descriptive article concerning the award written by Miss Jean E. Browne, who is herself one of Miss Snively's most distinguished pupils. Meanwhile, hearty congratulations are extended to the three beloved and respected Canadian nurses upon whom this high distinction has been conferred. No better choice could have been made.

All Aboard!

Before many days are over this will be our slogan. By train, by boat, in buses and in their own cars the clans will be setting out for the Biennial Meeting in Vancouver. The official delegates from the nine provinces are even now getting ready to speak their minds in no uncertain terms on the various issues which are to be debated. The officers of the three Sections are looking over their programmes and are wondering whether they can crowd in just one more "problem." The young and frivolous are pondering ways and means whereby they can dodge some of the more stodgy sessions and go climbing on Grouse Mountain or bathing in English Bay. Even the elderly for whom "Biennials" are an old story are looking forward to meeting their contemporaries and to indulging in reminiscences of the good old days and the grand old fights.

The *Journal* has done its level best in every issue since January to make it clear that there *is* going to be a Biennial Meeting and that it is going to be a good one. But in case you haven't been taking the wrappers off your *Journa's* lately, just gather them up from behind the davenport and look carefully at the April number.

Fashion Note

This advice is intended only for the middle-aged; young readers, please skip. You will enjoy the Biennial much more if you take a pair of comfortable shoes which are well broken-in. Far be it from us to impugn the climate of the Pacific coast — but there are occasional cold and rainy days. That little knitted suit might come in handy. Is there a brave soul who will refuse to wear her hat indoors all day long and thus establish an excellent precedent? We believe in air-cooled craniums and debates; there is a relation between the two. Take your prettiest clothes. The nurses in Vancouver are extremely smart at any time and when they give a party — well, you wait and see!

Reader's Guide

In our leading article a clear and informative study of arterio-sclerosis is given by Dr. Samuel Mirsky, a member of the medical staff of the Ottawa Civic Hospital. △ Reports of Provincial Meetings indicate marked activity in British Columbia, Ontario and Saskatchewan. △ Miss Madalene Baker not only says that "It can be done" but tells us the way to do it. She is a graduate of the School of Nursing of St. Joseph's Hospital, London. △ Miss F. H. M. Emory gives some good advice to those who wish to prepare themselves for staff work in hospitals. △ The right way to enlist and intelligently direct volunteer helpers is indicated by Miss A. I. Hulbert. △ Miss Christina Murray, who is herself an "International," congratulates Miss Caroline Elizabeth Sage on the happy adventure upon which she is soon to embark as the winner of the scholarship awarded by the Canadian Nurses Association for study in England under the auspices of the Nightingale Memorial Foundation.

Department of Private Duty Nursing

IT CAN BE DONE!

MADALENE BAKER, Vice-Chairman, Private Duty Section, Registered Nurses Association of Ontario.

Private duty nurses are keenly sensitive to the criticism levelled at their particular group by the general public. We are accused of not adequately meeting the nursing needs of the public, and unhesitatingly acknowledge the truth of this accusation. In endeavouring to find the cause, we ask this question: "Is the private duty nurse to blame?" The answer is yes—and no. Consider the well trained nurse, graduated from her school of nursing. She carries the required credentials to establish her in the private duty field in that she has been afforded instruction and practical experience in each of the various hospital departments. She has mastered the technique of nursing care; but remember, her skill is developed only in one environment—that of her own hospital.

This supposedly finished product encounters her first problem when the telephone rings and she is sent on a case in the home. Everyone of us has reason to know that we have a heart, for we have swallowed it dozens of times on our way to that first case. Our efficiency was impaired because we were a victim of stage fright, due to our lack of experience and knowledge in the art of home nursing. During our training, things were made rather easy for us — equipment was at hand to carry out standardized nursing procedures, thus eliminating the necessity for initiative and for the creative instinct so necessary in home nursing. Then again, there was the general routine which we all know is absolutely essential in institutions; nevertheless, we think it has a tendency to develop a mechanical rather than an understanding and imaginative mind. Above all else, we had in training days, and when assigned to special cases in hospitals, the direction of experienced ward supervisors, and the protection of the hospital. Is it any wonder, then, that our efficiency was impaired and that we registered confusion when we were thrust into an unexplored field on our own responsibility? This statement is just as applicable to the newly graduated nurse who can competently take care of all hospital duty, but who, like the older graduate, hesitates to accept cases for nursing care in private homes because she has not had an opportunity to adjust herself to the atmosphere of home nursing.

What can be done to find a remedy, in order that we private duty nurses may find pleasure in giving a service we so often fear and dread? Very rarely are our mistakes or deficiencies wilful—more often they are the result of our inability to visualize the circumstances and immediate necessities of the individual case, or to lack of flexibility and initiative to deal with them even if we do recognize them. If the nurse, instead of being permitted automatically to drift into public service, could only be subjected to a test period spent in field work under supervision, where she would have the opportunity of contacting families belonging to other economic groups than the one to which she herself belongs, and of actually rendering adequate service without expensive hospital equipment — if such a system were adopted it is impossible to estimate its value to the community and to our professional group.

The question arises as to the time when this field work could best be undertaken. Should it be during the latter part of the student's training, or should it immediately follow the completion of her course, but be required before she is granted

Provincial Registration? If the former plan were chosen, what effect would it have on the annual output of graduate nurses into the apparently over-crowded private duty field? We understand that several schools of nursing in our province wish to include fieldwork for their students, but that only a few are privileged to do so. But even in these few, the students who get this fieldwork constitute such a small percentage of the total output that we have felt justified in bringing this matter to the attention of this meeting. It is not logical to say that supervised fieldwork is impossible or not feasible. That opportunity is knocking at our door was proven beyond a doubt when the recent survey into the extent and adequacy of nursing service to the non-hospitalized sick disclosed the fact that approximately thirty-five per cent of these patients were needing, but not receiving adequate nursing service. I do not mean to suggest that the responsibility of taking care of this need rests with members of our profession alone — I believe it to be a national problem — but until such time as the public becomes health conscious, where could we find a better opportunity to render a great public service, and at the same time serve our own purpose than by instituting a system of fieldwork under supervision?

With whom should the initial responsibility rest of setting the wheels in motion? If the Department of Health recognizes the need and requests fieldwork for student nurses, and if the objective of the school of nursing is to train the student adequately to meet the nursing needs of the public, it would appear to be their responsibility. If it is not their responsibility, then it should be assumed by the private duty nursing group.

Classification

A course of supervised fieldwork, however, would only be one step (although a long one) towards meeting the situation. Supervision should absolutely not cease here. We have at present any amount of service to sell, and why are we not selling it? The economic situation has something to do with the slow demand for our services, but there is considerable to be marked up on the other side of the ledger. Our service is not as attractive to the public as it might be, and the present disorganized state of private duty nursing is largely responsible for our shortcomings.

The public demands a carpenter to hang a door; a blacksmith to shoe a horse, and if there were any way under the sun of knowing what they were getting they certainly would not place their money in a slot and choose something out of the nursing grab bag, hoping against hope to draw an expert eye, ear, nose and throat nurse (which they want), instead of an obstetrical expert (which they don't). Unlike golf, a handicap is not recognized in the nursing profession. The public has a right to expect every registered nurse to measure par in efficiency and adaptability in all cases; yet many private duty nurses have, without realizing it, become super-efficient in certain types of illness and, as a result, have sacrificed their contact with and lessened their ability to nurse other patients. Therefore, in order to offer an adequate nursing service to the public with the material at hand, we need classification. This can only be brought about through supervision, which for our group, as a whole, is long overdue.

Supervision

Supervision should be welcomed with open arms because it will provide a distinct incentive to growth in service. Private duty nurses constitute the only group in any profession where meritorious work does not bring about promotion. From a monetary standpoint, five years of experience means no more than one day; our brightest constellation registers exactly the same on the pay envelope as our dimmest star. We die or get married at exactly the same status at which we

began. If it is true that in all learning we attain progress through correcting our mistakes, why not adopt a system where the credits will be marked in ink, and not merely committed to the memory of one or two discerning individuals?

We have heard a lot about licensing all who care for the sick for hire and in this way we hope to exercise some control over the practical nursing group. Private duty nurses, how can we expect to accomplish this until we clean our own house, by controlling our own group?

Economic Security

And now just a short reflection on the unemployment situation. It is quite apparent that under the present system private duty nurses can never be assured of economic safety. Nevertheless, we can help ourselves in a measure by adopting a plan which will ensure more even distribution of work. Eight-hour duty for private nurses on special cases in hospitals is proving beneficial in spreading the work and, as well, is providing an improved quality of nursing service to the public, chiefly because the nurse, who is essentially a teacher of health, is able to maintain better health herself. She need not be as she sometimes has been in the past—a living example of the futility of her knowledge. Private duty nurses on twelve-hour duty work seventy-seven hours a week exclusive of times for meals. Is it unprofessional to ask for some share in life besides that of labour? You may say: "But what of the time the nurse is unemployed?" We of the private duty group know only too well that we are not free to seek recreation or improvement during the time we are not employed, except to a very limited extent, for we are tied to the telephone waiting for that next call which we cannot afford to miss, and the mental labour of this waiting and uncertainty is sometimes more exhausting than the physical effort we expend on our cases when we are employed.

In communities where eight-hour duty has been inaugurated, we observe that, as the plan unfolds, objections are being withdrawn. However, some objection still comes from the nurse who is well established in her work; perhaps if she took time to reflect she would discover that the fact that she is well established is the result of experience gained when private duty nurses were in great demand. A number of nurses who are almost constantly engaged ignore the fact that many of their sister nurses cannot even exist on their earnings, through no fault of their own. We have no reason to brand these women as professional failures; unfortunately, it is true, we are not a hundred per cent efficient, but I challenge you, have these young nurses who are left sitting at home, had an opportunity of proving their worth to the medical profession? And why should we stand by while hundreds are being added annually to their numbers with practically no chance of obtaining employment.

Organize!

We have a duty to perform to the public as well as to ourselves. Nothing is to be gained by looking on from the sidelines while a minority of our profession attempt to further our cause. We should be willing to discard what is outgrown, and I would urge upon all private duty nurses the futility of unorganized effort. We must have solidarity, unity of purpose and harmonious co-operation with other groups of our profession. Private duty nurses, when you go home, select your best salesmen and put them to work — *organize your group* — it can be done! This is your problem — my problem — the problem of every private duty nurse in the profession. Let us demonstrate that we are in this fight to a woman, and remember — Kipling was right when he wrote—

"It ain't the guns or armaments, or
the army as a whole,
But the everlastin' team work of
every bloomin' soul."

Department of Nursing Education

PREPARING FOR STAFF WORK

Nurses are showing increasing interest in fitting themselves for positions as staff nurses in hospitals and several Canadian

AT THE BEDSIDE

universities are offering excellent courses designed to give the preparation desired. At the annual meeting of the Registered Nurses Association of Ontario, Miss F. H. M. Emory, assistant to the director of the School of Nursing of the University of Toronto, gave some wise counsel which should be pondered by nurses who intend to take such courses and by hospital administrators who encourage them to do so. Miss Emory's remarks have a general application and she has kindly allowed the *Journal* to pass them on its readers:

May I present some matters relating to the special preparation offered by the University of Toronto to graduate nurses wishing to prepare for hospital posts. There are two reasons for approaching you, when assembled in annual meeting. We offer certain information which belongs to the nursing group as a whole and we indicate work which needs to be shared by our School and the general group of nurses throughout the province. What is this information which should be shared?

1. There is a demand for the product of this course of study. There are many posts for those with special training for supervisory and teaching work; the demand comes from hospitals and schools both large and small and from many points throughout the country.

2. This demand should be met by a highly selected group. Some of the qualifications asked for are: intelligence, good education, good professional training and experience, and certain special qualities such as forcefulness, wisdom and tact.

3. This demand cannot be met without the active assistance of the nurse administrators of the hospitals and training schools. They must work with us if a sufficient number of nurses is to be prepared for those teaching and supervisory posts. They will have to select, to give special experience and often to advise regarding financial resources. Nurses of the calibre sought will have to be helped and their preparation planned if the empty posts are to be filled satisfactorily. There is one nurse administrator in this province—(there may be many others!)—who does not write to the University at the end of the academic year expecting to enlist the right type of person to fill a position while she herself has done nothing to help to provide that person. On the contrary, she is ever on the alert for nurses who, if specially prepared, would fill the need of certain departments in her hospital. She then sets about selecting and planning so as to make it possible for them to be educated to fill the need.

4. This demand should be met only by those possessing physical health. In all too

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many instances the nurses who enter the hospital staff nurses' preparation course are in poor condition physically—particularly have we noted that this year. In some instances serious physical disability has appeared — in other cases instructors are feeling the inability of the student to do, with full satisfaction, the type of work that is required. This is not for want of intelligence on the part of the student but seemingly because she lacks vigour enough to cope with the situation. In a number of cases, throughout the past years, nurses have come to this work without sufficient rest during the previous summer.

To summarize, we plead for your help in assisting us to meet the need for the well prepared hospital staff worker through a recognition of:

The need for a highly selected group to fill these hospital posts.

The need for advice in selection and in planning, and often for provision for financial assistance on the part of the hospital administrator.

The need for co-operative effort in the filling of these posts satisfactorily; it is a co-operative enterprise which cannot be effected through the hospital administrator alone or by the University School alone.

The need for physical fitness if the student is to be given a fair chance for success: the year of study must not be conditioned by lack of physical vigour and in some instances by actual illness.

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   (c) Public Health Nursing: advanced study in special fields: — child hygiene; tuberculosis; mental hygiene; hospital social work; administration and supervision. (Only trained and experienced public health nurses are admitted to this work.)

◆

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Department of Public Health Nursing

THE VOLUNTEER

A. I. HULBERT, Reg. N., Student in the School of Nursing, University of Toronto

My contribution to a symposium on lay participation is to bring to your notice the work and value of the volunteer. I shall discuss this subject under six headings: (1) recruiting and source of supply; (2) selection and placement; (3) training; (4) contribution; (5) various services; (6) inter-relationships. Let me quote from Cannon's book on "Social work in hospitals" by way of introduction: "Before professional social service was thought of as an integral part of hospital care, volunteers from the laity and clergy had long visited the sick patients and, by devoted personal service, met their material and spiritual needs. The service of the volunteers, therefore, is not an innovation, neither should we regard it as supplanted, but rather as made more effective through the advent of the professional social worker."

Recruiting and Placing

The ideal way of procuring new volunteers would be through a central placement bureau under the council of social agencies. It is not advisable to advertise widely as this tends to retard helpfulness by necessitating too much weeding out. It is better to have a few well chosen contacts with interested friends of the staff, unemployed professional friends, married professional friends, and to bring in others by applying to the Junior League and the service clubs. Parent-teacher associations and charge groups give valuable volunteer service and so do students of medicine or divinity or economics, and social workers.

It is advisable to have a chairman of the volunteers, or a member of the staff, have a private interview with the applicant in order to find out about the volunter's training and experience and her particular interest or speciality. This interview must be handled in a professional manner and should emphasize the responsibility and importance of the job to be undertaken by the volunteer. Too great a number should not be employed because that tends to prevent careful supervision of the work. The staff worker must select the job best suited to the volunteer and if she is not happy or cannot adjust herself, another must be found. There should be a card file for all volunteers, noting the positions they are able to fill or have filled, and their records of accomplishment.

Training

A staff worker usually gives the volunteer an introductory talk, bringing out the general background and aim of the agency, its history, and its organization. The preparation and functions of the professional staff, how the organization is financed, and the services offered should also be outlined. The volunteer is thus shown how her work fits in and will understand the benefit to the whole of her piece of work. The staff worker will find it useful to have a reference book for the use of volunteers. This should be easily accessible and should give such information as the names of officials, maps, certain essentials for good service as promptness and regularity, times of clinics, and so on.

The staff worker should show the volunteer through the organization and give her demonstrations in the particular piece of work she is going to undertake. Observation visits may be made in homes and a summary of the cases given. An organized lecture course may be planned which the volunteers are invited to attend, or another approach may be made

by inviting volunteers to certain staff meetings or occasional board meetings when general subjects are being discussed. Weekly conferences between the volunteers and the staff prove to be very useful in promoting and understanding the close inter-relationship which is necessary between the two groups. Some ambitious groups of volunteers have learned much from having meetings between themselves with one advisory member of the staff to give suggestions. The volunteer must be afforded the same supervision, time and thought that one would give to the professional staff and given responsibility so that she will realize that she has a vital part to play in the programme. Her tasks should be planned and ready before she is admitted to service and one should never begrudge the time required to train her. The organization wanted her assistance in the first place and should not expect a volunteer to be interested in dull jobs unless she is shown the value of them.

The necessity for teaching the volunteer is really an asset because it gives the staff worker an excellent opportunity to enlarge her own experience, to clarify the purpose and activities of the organization to herself, and to develop confidence in teaching others. The volunteer often brings new ideas and new methods and advances definite theories as to the way problems might be met. She may later prove to be a valuable member of the board of directors.

Types of Service

It is quite apparent that the volunteer can be used for all manner of services. We see the volunteers as clinical aides where they are invaluable for the many services they can render. They may serve as hostesses, greeting the patients as they come in, seeing that their records are taken out of the files, assigning a number to go in to the doctor and making the patient feel at home. They may weigh and measure babies and pre-school children and assist in taking a doctor's dictation.

In clerical service they may be of great assistance in relieving at switch boards, helping with typing and filing records, summarizing reports, making charts and posters in connection with any reports and with publicity. And, speaking of publicity, much can be done by the volunteers, directly and indirectly, by assisting in making window exhibits, writing newspaper articles either from case studies or reports of the organization. They may put on plays, address church groups and clubs and speak in radio broadcasts.

Volunteers do praiseworthy service in making friendly home visits especially to chronic patients who need cheering up and encouraging by reading and by teaching hand-work. Other types of home visits are sometimes made to help the nurse in following up the patients, checking addresses, delivering messages, or even collecting breast milk. An extensive motor service is often supplied by volunteers who take patients to and from clinics or to distant hospitals or on friendly drives.

The volunteer's contact with citizens of the community both through the organization and as individuals offers an exceptional opportunity for both official and non-official agencies to interpret their programme to taxpayers and to get their backing.

The close inter-relationship between the volunteer, the professional group and the community can be described by comparing it to a wheel. The professional group is the hub, or nucleus, or base; the volunteers are the spokes, closely linked with and radiating from the hub; the community is the rim, and the volunteers as spokes bring into direct contact the rim, which is the community, and the hub which is the professional group. It takes all three to make the wheel revolve.

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ENREGISTREMENT FEDERAL DES GARDES-MALADES

E. MacPHERSON DICKSON, Président, Comité de l'Enregistrement Fédéral, Association des Gardes-Malades du Canada.

Lors de la convention générale de l'Association des Gardes-Malades du Canada, tenue en 1932, il a été résolu: "de former un comité chargé de formuler un plan pour l'établissement et le maintien d'un standard plus uniforme dans les examens d'enregistrement des gardes-malades de tout le Canada, prenant en considération les recommandations ultérieures à ce sujet contenues dans le rapport Weir." Plus tard, à la Convention générale tenue à Toronto en 1934, les membres du Comité National Conjoint d'Etudes se sont réunis en conférence spéciale et ont discuté, entre autres questions, la résolution ci-haut mentionnée, au sujet de l'Enregistrement fédéral des gardes-malades. Les membres présents à la Conférence étaient: Mlle Jean Gunn, présidente; Mlle Kathleen Russell; Mlle Helen Randal (Colombie Britannique), Mlle G. M. Fairley (Colombie Britannique), Mlle F. Munroe (Alberta), Mlle Ruby Simpson (Saskatchewan), Mlle Dickson (Ontario), Mlle Cryderman (Ontario), Mlle Edna Moore (Ontario), Mlle MacIntosh (Ontario), M. l'abbé Verrault (Ontario), Rév. Soeur Allaire (Québec), Rév. Soeur Valérie de la Sagesse (Québec), Mlle Guimont (Québec), Mlle Nash (Québec), Mlle Batson (Québec), Mlle Lépine (Québec), Mlle Barrett (Québec), Mlle Holt (Québec), Rév. Soeur Camillus (Nouveau-Brunswick), Mlle Dawson (Nouveau-Brunswick) Mlle Murdoch (Nouveau-Brunswick), Mlle Mair (Ile du Prince Edouard), Mlle MacMaster (Nouveau-Brunswick), Mlle E. M. Seaman (Nouvelle-Ecosse), Mlle Graham (Nouvelle-Ecosse), Mlle Jean Browne (secrétaire).

Comme résultat des discussions de cette conférence, il fut convenu:

1. Que le principe le l'Enregistrement fédéral des gardes-malades soit approuvé.
2. Que si l'Enregistrement fédéral est passé en loi, il soit sous le contrôle de l'Association des Gardes-Malades du Canada.
3. Que, éventuellement, les examens provinciaux soient éliminés si l'Enregistrement fédéral est établi.
4. Que le noyau d'un Comité sur l'Enregistrement fédéral soit formé par l'Association des Gardes-malades du Canada dans certaines localités et qu'une représentante de chaque province, désignée par chaque Association provinciale, soit adjointe au Comité.
5. Que le Comité proposé de l'Enregistrement fédéral poursuive une étude sur les standards de l'enseignement du Nursing qui existent actuellement dans les différentes provinces et suggèrent un standard désirable en vue de l'Enregistrement fédéral.

Les cinq points précités furent soumis à la Convention générale de l'Association des Gardes-Malades du Canada en 1934 et furent approuvés. L'assemblée autorisa la formation du noyau d'un comité dont les membres nationaux furent: Mlle E. MacPherson Dickson, Toronto (présidente); Mlle Florence H. Emory, Toronto; Mlle E. Muriel McKee, Brantford. Les associations provinciales nommèrent leurs représentantes comme suit: Mlle Julia Rand (Colombie Britannique), Mlle R. Thompson (Alberta), Mlle Edith Amas (Saskatchewan), Mlle E. M. Smith (Manitoba), Mlle Mary Millman (Ontario), Mlle E. Frances Upton (Québec), Mlle M. E. Retallick (Nouveau - Brunswick), Mlle Victoria Winslow (Nouvelle-Ecosse), Mlle I. Gillan (Ile du Prince Edouard).

Le travail du comité a été poursuivi par les membres résidants d'Ontario réunis en conférence et par correspondance avec les représentantes provinciales. Des rapports sur les progrès accomplis ont été adressés au Comité exécutif de l'Association des Gardes-Malades du Canada et aux représentantes provinciales.

Conditions d'Admission

Le premier point de l'étude poursuivie par le comité fut en rapport avec la somme d'instruction requise pour l'ad-

(Communication presentée lors de l'Assemblée Annuelle de l'Association des Gardes-Malades Enregistrées de la Province de Québec, le 29 janvier, 1936.)

mission des candidates aux écoles approuvées de gardes-malades. Le minimum d'instruction requise dans chaque province est comme suit:

Colombie Britannique, cours complet de "high school" (Junior Matriculation); *Alberta*, grade XI (après 1935); *Saskatchewan*, grade XI; *Manitoba*, grade X; *Ontario*, deux années de "high school", actuellement. (Cours complet sous considération); *Québec*, trois années de "high school"; *Nouveau-Brunswick*, grade XI; *Nouvelle-Ecosse*, grade XI; *Ile du Prince Edouard*, grade VIII.

Comme on peut le constater il existe un grand manque d'uniformité dans la terminologie qui sert à désigner les standards d'éducation des différentes provinces et, si l'on étudie chaque cours séparément, l'on se rend compte que le contenu en varie selon la désignation. D'après ces constatations et si l'on considère les conditions d'admission aux différents cours ou aux différentes écoles, pour une université donnée, on se rend compte qu'il n'y a pas d'erreur à vouloir établir une désignation plus uniforme afin de poser aussi un standard plus uniforme concernant l'éducation des futures candidates à la profession de gardes-malades.

L'annuaire de l'Université de Toronto (1934-5, p. 15) établit de la façon suivante l'équivalence des examens:

Les certificats attestant que les candidates ont passé avec succès les matières du cours complet de "high school" (Pass and Honour Matriculation) seront acceptés *pro tanto* pourvu que le standard de ces certificats quant aux matières et aux pourcentages répondent aux exigences de cette Université. *Ontario*: les examens de l'école moyenne (middle school) ou de l'école supérieure (upper school); ou les examens d'écoles, équivalentes désignées sous d'autres noms. *Québec*: le certificat d'examens à la sortie du "high school" ou du cours équivalent seulement; *Nouveau-Brunswick*: les examens du cours primaire (grammar school) sauf le latin ou licence de première classe. *Nouvelle-Ecosse*: grade XI et grade XII. *Manitoba*: les examens du grade XI (matriculation) et grade XII. *Colombie Britannique*: "high school" et deux années de cours universitaire (junior et senior matriculation). *Ile du Prince Edouard*: examens pour le diplôme d'institutrice: première classe. *Alberta*: les examens du grade XI (junior matriculation) et du grade XII. *Saskatchewan*: les examens de première classe et deuxième classe pour diplôme d'institutrice. Examens de "high school" et cours universitaire (junior et senior matriculation).

Tout en reconnaissant l'avantage d'une plus grande uniformité dans l'éducation primaire des futures candidates à la profession du nursing, le comité recommande, pour le présent, que le standard minimum d'instruction requise pour l'admission des élèves aux écoles de gardes-malades soit fixé au cours complet du "high school" ou à l'équivalence.

Législation Existante

Le second point de l'étude entreprise a porté sur la législation provinciale qui existe actuellement au sujet de l'enregistrement des gardes-malades.

Administration autonome: Sauf le cas de la province d'Ontario où la Loi d'Enregistrement des gardes-malades est une mesure du Gouvernement, toutes les associations provinciales sont incorporées par Bill privé, ostensiblement pour l'administration autonome des affaires qui relèvent de la formation des gardes-malades, des examens et de l'enregistrement mais toutefois, les pouvoirs de l'Association sont limités soit par le personnel du conseil d'administration ou du comité des examinateurs.

Finances: Le Gouvernement d'Ontario perçoit tous les droits d'examens et d'enregistrement des gardes-malades et défraie toutes les dépenses qui s'y rattachent y compris les frais d'inspection des écoles; dans les huit autres provinces, l'association provinciale des gardes-malades enregistrées pourvoit à la perception de ces montants et se tient responsable des dépenses encourues par l'inspection, les examens et l'enregistrement.

Enregistrement par réciprocité: Chaque province pourvoit à l'enregistrement par réciprocité "des gardes-malades enregistrées dans toute autre province dont les exigences sont similaires", mais vu le manque d'uniformité dans ces "exigences", l'enregistrement par réciprocité devient pratiquement impossible.

Considérant la différence qui existe entre les exigences contenus dans les statuts des lois d'enregistrement de chaque province, il sera nécessaire que chaque association fasse une étude approfondie du plan proposé concernant l'en-

registrement fédéral afin de déterminer s'il y a lieu de remplacer les examens provinciaux par des examens fédéraux.

Incorporation

Le troisième point de l'étude a compris l'incorporation. Les renseignements ont été pris auprès du Secrétaire d'Etat à Ottawa pour savoir si l'incorporation devait être faite par Lettres Patentes ou par Bill Privé. La réponse suivante reçue, datée du 8 juillet 1935, s'explique d'elle-même:

J'ai l'honneur d'accuser réception de votre lettre du 29 ultimo, concernant le désir de l'Association des Gardes-Malades du Canada de former un Conseil pour l'enregistrement des gardes-malades de façon à permettre à ces dernières de pouvoir exercer leur profession dans d'autres provinces que la leur sans avoir à se soumettre à de nouveaux examens.

Il appert que si ce plan doit être exécuté, une Loi spéciale devra être passée au Parlement. Une situation analogue existe pour le Conseil Médical du Canada qui a été incorporé par Loi du Parlement, ayant autorité de faire passer des examens aux médecins, les qualifiant ainsi pour exercer leur profession dans les différentes provinces.

(Signé) W. O'MEARA,
Assistant-Sous-Secrétaire d'Etat.

Le Conseil Médical

Rendu à ce point, il sembla donc opportun d'étudier l'organisation du Conseil Médical du Canada et le Comité est bien reconnaissant au docteur T. C. Routley, secrétaire de l'Association Médicale du Canada, qui non seulement a bien voulu lui donner les renseignements désirés sur l'organisation du Conseil mais qui, en plus, lui a assuré sa coopération constante, advenant le cas où l'Association déciderait d'établir un Conseil Fédéral pour l'enregistrement des gardes-malades. Tel qu'indiqué dans la communication de l'Assistant Sous-Secrétaire d'Etat, l'Association Médicale du Canada, par une Loi du Parlement, a formé un Conseil Médical fédéral connu sous le nom de "Collège Royal des Médecins et Chirurgiens du Canada". L'organisation de ce Conseil comprend: deux membres nommés par chaque association médicale provinciale; un membre nommé par chaque faculté de médecine; deux membres nommés par le Gouveneur-Général en Conseil. On doit noter que tous les membres sont des médecins.

Les fonctions du Conseil consistent à poser des standards et à organiser les examens qui se tiennent deux fois par année dans tout le Canada. Ceci nécessite une assemblée annuelle du Conseil aux frais du Collège. Il est présumé que les membres du Conseil reçoivent une indemnité pour leur assistance aux assemblée mais pour des rasions qu'il est facile de comprendre, le Comité n'a pas insisté sur ce point.

Coût Probable

Il y a, cependant, des dépenses occurentes qui peuvent être estimées et qu'il faut considérer dans l'étude du plan proposé pour l'Enregistrement fédéral des gardes-malades et qui par conséquent doivent être indiquées. Elles comprennent les frais de voyages et les consultations légales et services. Afin de présenter quelque chose de concret aux bureaux des chemins de fer, des cotations furent demandées sur les frais de transport d'un point donné, à Toronto et retour. Cela n'implique pas toutefois que Toronto doive nécessairement être le lieu des réunions et il faut aussi tenir compte des changements saisonniers du tarif. Cette cotation compte pour le jour de son émission.

	Billet	*Lit*
Vancouver–Toronto	$132.40	$45.10
Edmonton–Toronto	112.80	37.40
Régina–Toronto	85.90	28.60
Winnipeg–Toronto	69.15	22.60
Montréal–Toronto	20.70	6.80
Frédéricton–Toronto	53.20	16.40
Halifax–Toronto	55.30	19.90
Charlottetown–Toronto ..	54.25	16.40
	$583.70	$193.20
Grand total		$776.90

Les tarifs suivants assurent le transport d'*un* représentant *seulement* pour chaque province. Les dépenses incidentes, comme les repas et taxis devront être ajoutées.

Il serait nécessaire de retenir les services d'un avocat de première classe, familier avec la négociation des bills privés. En plus de la tâche de dresser une charte, l'avocat serait chargé de se mettre en relations avec le comité des bills privés ce qui nécessiterait sa présence à Ottawa pour tout le temps nécessaire. D'après les rapports, les avocats comme celui dont cette organisation aurait besoin, reçoivent des honoraires de $200.00 à $300.00 par jour, leurs dépenses en plus, mais le Comité estime qu'une somme de $1,000.00 suffirait pour couvrir cet item de l'incorporation.

Un ou des membres de l'Association des Gardes-Malades du Canada seraient nommés spécialement pour donner leur coopération entière à l'avocat afin de lui donner les renseignements appropriés concernant les désirs de la profession et de surveiller les détails de l'organisation. Ceci, encore, entrainerait des dépenses pendant le séjour à Ottawa et les honoraires dépenderaient de la personne ou des personnes déléguées.

Organisation

Un membre de l'Association, familier avec la routine des examens, la rédaction et la distribution des papiers d'examens, etc., serait nommé secrétaire-registraire du Conseil. Il lui faudrait les services d'une sténographe. Aucun estimé n'a encore été fait par le Comité pour ces dépenses puisqu'ici encore le lieu choisi pour les quartiers généraux et la personne désignée peuvent modifier le coût. Le Comité a cru qu'un budget devrait être rédigé par le premier Conseil lorsque l'Association aura décrit les détails qui devront plus au moins gouverner les activités et les déboursés du Conseil.

Le Comité de l'Enregistrement fédéral propose maintenant le plan suivant pour l'enregistrement des gardes-malades du Canada:

1. L'établissement d'un Collège de gardes-malades par l'Association des Gardes-Malades du Canada.

2. Que les affaires du Collège soient administrées par un Comité composé de vingt-neuf membres constitués comme suit: (a) Deux membres nommés par chaque Association provinciale. (b) Un membre nommé par chaque Association provinciale, qui sera la directrice provinciale de l'enseignement du nursing, ou autrement désigné comme visiteuses des écoles de gardes-malades, registraire, etc. (c) Deux membres, gardes-malades, nommés par le Gouverneur-Général en Conseil. Il est recommandé qu'un de ces membres soit protestant et l'autre catholique romain.

Il est aussi recommandé que les membres du premier Conseil soient nommés pour une période de temps qui puisse assurer la continuité de l'effort et en même temps ne pas créer l'idée de nominations à vie.

Membres

Le Collège sera composé de "Membres" et de "Dignitaires" (Fellows) avec la désignation suivante: "M.C.C.N." pour Membres du Collège Canadien du Nursing et "F.C.C.N." pour Fellows du Collège Canadien du Nursing. Pour fins d'organisation, toutes les gardes-malades enregistrées dans leur province respective cinq ans avant l'établissement du Collège, seront jugées éligibles au titre de membres sur paiement de la cotisation requise. Les membres, approuvés par le Conseil, jugés d'après les standards qui porteront sur les accomplissements professionnels de ces membres, seront éligibles au titre de "Dignitaires" (Fellows); ils devront payer une cotisation additionnelle. Une fois la période d'organisation terminée, les membres seront acceptés après examens et paiement de la cotisation requise. La nomination des "Dignitaires" (Fellows) sera basée sur la présentation d'une thèse par le membre aspirant, accompagnée d'un mémoire sur son travail professionnel couvrant une période d'au moins dix ans.

Eligibilité

Les gardes-malades qui détiennent le diplôme d'une école reconnue par le Conseil pour l'Enregistrement fédéral seront éligibles aux examens. Cette règle sera gouvernée par le programme d'études ou curriculum à être émis par l'Association

des Gardes-Malades du Canada et qui est actuellement en cours d'organisation. Ce Comité désire que, en plus de la rédaction d'un programme d'études, le Comité du curriculum pose des standards concernant les qualifications pour l'admission des candidates, les facilités d'enseignement, le matériel clinique dont on peut disposer, la surveillance, la construction, l'apparence de l'école, salles de classe, de démonstration, etc. Dans les cas ordinaires le Conseil acceptera les rapports des visiteuses d'écoles quand cette inspection sera faite annuellement mais se réserve le droit de faire une inspection indépendante quand il le jugera à propos. L'âge des candidates sera d'au moins vingt-et-un ans. La cotisation de membre sera de $25.00 et celle de dignitaire (fellow) de $50.00 laquelle comprend la cotisation de membre.

Préliminaires

Advenant l'approbation de ce plan par l'Association, le Comité soumet les recommandations suivantes:

1. Qu'un emprunt de $5,000.00 (cinq mille dollars) soit fait par l'Association des Gardes-Malades du Canada pour l'organisation.
2. Qu'on retienne les services d'un avocat compétent pour dresser la Charte et négocier le Bill.
3. Qu'une garde-malade soit autorisée à coopérer au travail de l'avocat et s'assure ainsi que les idées de l'Association sont exprimées dans la Charte et, pour ce faire, aille à Ottawa.
4. Qu'on pourvoit à la nomination de neuf membres (un pour chaque province), d'une présidente ou d'une secrétaire pour former le Conseil provisoire.
5. Que, lorsque le Collège aura été établi, le "Conseil Provisoire" procède à l'inscription de membres et de dignitaires (fellows) tel que prévu dans le plan proposé.
6. Que lorsque les fonds formés par la perception des cotisations seront suffisants pour permettre la tenue d'examens, le Conseil, tel que prévu dans le plan, soit formé et commence à fonctionner.

L'on se rendra compte que le Comité n'a pas voulu faire plus que formuler un plan pour faciliter l'établissement de l'Enregistrement fédéral des gardes-malades avec l'espoir qu'il servira de guide aux personnes qui assumeront la responsabilité de rédiger la Charte. Un rapport provisoire sur l'Enregistrement fédéral a été distribué aux associations provinciales par autorité de la Présidente de l'Association des Gardes-Malades du Canada. Le Comité ne peut insister assez fortement sur l'importance d'une étude soignée et approfondie de ce rapport de la part des associations provinciales afin que les faiblesses et les éléments indésirables en soient éliminés avant que la rédaction finale en soit soumise à l'assemblée générale de l'Association des Gardes-Malades du Canada qui doit se tenir à Vancouver du 29 juin au 4 juillet 1936.

AN EXPLANATION

EDITOR'S NOTE: In response to a request made by L'Association des Gardes-Malades Graduées de l'Hôpital Notre-Dame, Montreal, the President of the Canadian Nurses Association and its publications committee have authorized the publication of this translation of an article dealing with Dominion Registration of Nurses which appeared in the April issue.

A la demande de l'Association des Gardes-Malades Graduées de l'Hôpital Notre-Dame, Montréal, la Présidente et le Comité de Publicité de l'Association des Gardes-Malades du Canada ont autorisé la publication d'une version en langue française d'un article sur l'Enregistrement fédéral des gardes-malades qui a été publié dans le numéro d'avril du *Journal*.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

The Snively Medals

The Executive Committee of the Canadian Nurses Association shortly after the death of Miss Mary Agnes Snively, the Founder of the Canadian Nurses Association, appointed a Committee to consider a memorial to her, this Committee to be called the Mary Agnes Snively Memorial Committee. At the General Meeting in 1934, the recommendations submitted by this Committee were adopted. Those recommendations were:

1. That the memorial to Miss Snively shall take the form of three medals, presented at each biennial meeting of the Canadian Nurses Association, to nurses whose work exemplifies Miss Snively's ideals of nursing and service; and that there shall be an impressive ceremony in connection with the presentation which shall include a review of Miss Snively's life.
2. That two thousand dollars of the Association's assets be designated for the provision of this memorial to Miss Snively.

During the present biennial period, the Executive Committee approved the design for the medal selected by the Mary Agnes Snively Memorial Committee. At the request of the Executive Committee this special committee became responsible for nominations for the 1936 awards and each Provincial Association of Registered Nurses was invited to make one nomination. From the list submitted, the Executive Committee chose Miss Jean I. Gunn, Miss E. MacPherson Dickson, and Miss Mabel F. Hersey to be the recipients of the first Mary Agnes Snively Memorial medals awarded by the Canadian Nurses Association. The ceremony for the presentation of medals is to take place on Monday, June 29, at the first evening session of the eighteenth General Meeting of the Canadian Nurses Association, when the President, Miss Ruby M. Simpson, will give an address entitled "Mary Agnes Snively, the Founder of the Canadian Nurses Association," prior to presenting the medals to those honoured by receiving the first awards in memory of its Founder.

General Meeting

The tentative outline of the programme for the eighteenth General Meeting of the Canadian Nurses Association was published in the April number of the *Journal*. Additional information concerning the General Meeting has been published in several issues of the *Journal* during the current year.

Nomination Ticket, 1936

The nomination ticket for the election of officers for 1936-38 at the General Meeting of the Canadian Nurses Association in Vancouver, June 29 to July 4, is announced:

For President: Miss Ruby M. Simpson, Director of Nursing, Department of Health, Parliament Buildings, Regina, Saskatchewan.

For First Vice-President: (1) Miss Grace M. Fairley, Director of Nurses, Vancouver General Hospital, Vancouver, British Columbia; (2) Miss Alena J. MacMaster, Superintendent of Nurses, Moncton Hospital, Moncton, New Brunswick.

For Second Vice-President: (1) Miss Margaret L. Moag, Superintendent, Victorian Order of Nurses, Montreal Division, Montreal, Quebec; (2) Miss Lenta G. Hall, Superintendent, Victorian Order of Nurses, Halifax Division, Halifax, Nova Scotia.

For Honorary Secretary: Miss Elsie J. Wilson, Director of Nursing, Central Tuberculosis Clinic, Winnipeg, Manitoba.

For Honorary Treasurer: (1) Miss Margaret Murdoch, Superintendent of Nurses, Saint John General Hospital, Saint John, New Brunswick; (2) Miss Nettie D. Fidler, Director of Nursing, Psychiatric Hospital, Toronto, Ontario.

The blank nomination ticket is sent to each Provincial Association before November 1st preceding a general meeting. Each Association is asked to name one nominee for each office; the consent of nominees must first be obtained. The completed forms are returned to the Executive Secretary before January 31. The nomination ticket is then prepared and shows the two highest nominees for each office. Election of officers at general biennial meetings of the Canadian Nurses Association is by ballot vote.

Health Questionnaires

In a letter received on May 1 from the Headquarters of the International Council of Nurses, it was announced that 96 per cent of the health questionnaires circulated early this year to schools of nursing in Canada have been completed and received at Headquarters. This response from Canada was referred to as "a truly splendid result." The superintendents of schools of nursing who responded so satisfactorily are thanked for their co-operation in thus assisting the work of the International Council of Nurses.

Accommodation for Religious Sisters

It is requested that all members of religious Sisterhoods who require accommodation during the Biennial Meeting of the Canadian Nurses Association will please communicate directly with Miss Pearl Mooney, St. Paul's Hospital, Vancouver, B.C.

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee.

It is gratifying to be able to announce that the funds required to meet the present annual objective of the Canadian Nurses Association toward the support of the Florence Nightingale International Foundation have been received. Donations during the past month, as shown in the following list of contributors, indicate still further the generous response of the nurses to the appeal by the provincial conveners.

Alberta	
Overseas Nursing Sisters Club, Calgary	$ 5.00
Graduate Nurses Association, Drumheller	4.00
Ponoka Nurses Association	5.70
British Columbia	
Staff, Jubilee Hospital, Vernon	5.00
Staff, Tranquille Sanatorium, Tranquille	13.50
Science Girls Club, University of British Columbia	20.00
Graduate Nurses Association, New Westminster	26.00
Manitoba	
Nursing Staff, Dauphin General Hospital	5.00
Ethelbert General Hospital	1.00
Miss Robertson, Lady Minto Hospital, Minnedosa	1.00
Neepawa General Hospital	3.00
Nursing Staff, Ninette Sanatorium	5.00
Sisters, General Hospital, Swan River	1.00
A.A., St. Joseph's Hospital, Winnipeg	5.00
Nursing Staff, Children's Hospital, Winnipeg	6.00
Bureau of Child Hygiene, Winnipeg	3.00
Miss E. Carruthers, Winnipeg	.75
A.A., Misericordia Hospital, Winnipeg	10.00
Municipal Hospitals, Winnipeg	20.50
Nursing Sisters, Deer Lodge Hospital, Winnipeg	3.00
Victorian Order of Nurses, Winnipeg Branch	3.50

Manitoba Association of Registered Nurses	100.00
Nova Scotia	
Registered Nurses Association of Nova Scotia, Pictou County Branch	4.00
Graduates and Students, All Saints' Hospital, Kentville	7.00
Nursing Staff, Nova Scotia Sanatorium	8.90
Ontario	
Nursing Staff, Fort William Sanatorium	5.00
A.A., McKellar Hospital, Fort William	10.00
Student Nurses, Ottawa Civic Hospital	25.00
A.A., Riverdale Hospital, Toronto	10.00
A.A., Sarnia General Hospital	5.00
Graduate and Student Nurses, Ontario Hospital, New Toronto	8.00
A.A., Public General Hospital, Chatham	10.00
A.A., St. John's Hospital, Toronto	5.00
A.A., St. Michael's Hospital, Toronto	10.00
Ontario Hospital Training School, Orillia	10.00
Graduate Staff and Students, Hospital for Sick Children, Toronto	32.00
Nurses Registry, Norfolk Hospital, Simcoe	5.00
Quebec	
A.A., Royal Victoria Hospital, Montreal	50.00
Registered Nurses Club, Shawinigan Falls	2.15
School of Nursing, Notre Dame Hospital, Montreal	10.00
A.A., Jeffrey Hale's Hospital, Quebec	25.15
Student Government Association, Royal Victoria Hospital, Montreal	50.00
A.A., Homeopathic Hospital, Montreal	10.00
A.A., Montreal General Hospital	50.00
A.A., Ste. Justine Hospital, Montreal	10.00
Jeanne Mance Association, Hôtel Dieu, Montreal	5.00
Graduate Nurses Association, Prévost Sanatorium	5.00
Sister Philemon, Hôpital St. Joseph du Précieux Sang, Rivière du Loup	1.00
Saskatchewan	
Moose Jaw Registered Nurses Association	5.00
Saskatchewan Registered Nurses Association (for Scholarship Fund)	200.00
Saskatchewan Registered Nurses Association (for Endowment Fund)	100.00

EXHIBITORS AT THE BIENNIAL MEETING

A list of business firms which have made early reservations of space for commercial exhibits at the General Meeting in Vancouver, B.C., is published below. Canadian nurses are encouraged to renew their acquaintance with the representatives present at this exhibition. Great scientific progress has been made in all lines of production during recent years.

The Macmillan Company of Canada Limited, Toronto, Ont. Booth No. 3.

Of course we had to come to Vancouver. The manager of the Medical Department lived here when cougars were hunted where the University now stands! So if you want to gossip about the city come and get him started — but don't talk Nursing Texts to him or he may convince you that Macmillan Books are Better Books.

Ayerst, McKenna & Harrison, Limited, Montreal, P.Q. Booth No. 4.

Will exhibit their well known hormone and vitamin products, giving an outline as to the biological technique by which these products are standardized. The sex hormone, "Emmenin," discovered by Dr. J. B. Collip, McGill University, in 1930; Calcium A; Alphamettes; and Cod Liver Oil will be included in the exhibit.

Johnson & Johnson, Limited, Montreal, P.Q. Booth No. 5.

We look forward with much pleasure to again being represented at a Canadian Nurses Association Meeting. As on former occasions, our display will be comprised of ready-made dressings of all kinds, besides gauze, cotton, adhesive plaster and a full range of surgical

requirements. With the exception of catgut, our entire exhibit will consist of Made-in-Canada products.

Vi-Tone Company, Hamilton, Ont. Booth No. 9.

All are welcome at the Vi-Tone booth where Vi-Tone is always served hot or cold. This year in addition to the famous Vi-Tone Mousse, Mrs. Herco, who is in charge, will greet you with another of our specialties — Vi-Tone Plum Pudding. She will also tell you of the advantage of using Egg-O Baking Powder in your baking.

J. B. Lippincott Company, Montreal, P.Q. Booth No. 10.

Will not only have an exhibit of all our many up-to-date nursing books, but also our complete line of medical, surgical, and pharmaceutical publications, allowing the nursing profession to examine the complete books, which is a rare opportunity you should not miss. *A store carried 3,000 miles to your door!*

A. Wander Limited, Peterborough, Ont. Booth No. 11.

Wander Brand Malt Extract with Cod Liver Oil, Cristolax, Alcohol, Nutromalt and Ovaltine will be displayed. Be sure to register with the medical director, who will be pleased to give full particulars regarding the Hospital Extension Plan for Ovaltine. Your co-operation is appreciated. The interesting booklet, "The scientific control of body weight" will be sent to all who register.

Libby, McNeill & Libby of Canada Limited, Chatham, Ont. Booth No. 13.

An outstanding recent development in the science of infant feeding — Libby's Homogenized Foods. This process mechanically ruptures the food cells of vegetables, fruits and cereals, refines the cellulose tissue, releases the contained nutriment, and makes these foods more easily digested and completely assimilated. Photomicrographs of strained and homogenized foods illustrate the advantages of the newer process. Libby, McNeill & Libby's Research Laboratories invite your inspection.

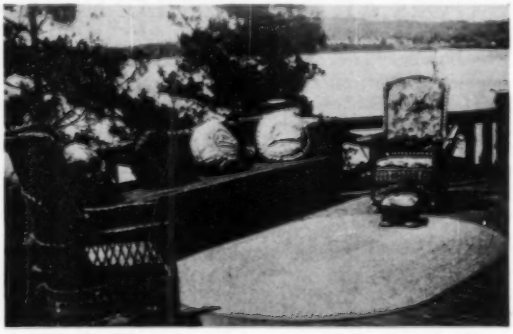
Note.—This list of exhibitors is incomplete and consists only of those who had signified their intention of taking space before this issue of the *Journal* goes to press.—*Editor.*

HOLIDAY AT THE "PAULINE LEMOINE MEMORIAL"

ENJOY the beauties of the Laurentian Mountains
in the celebrated Gatineau District.

HOT AND COLD RUNNING WATER

BOATING, BATHING.



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News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

NELSON: A meeting of the Nelson Registered Nurses Assocation was held recently and an exceptionally fine address given by Dr. W. Laishley upon the subject "Eye operations." A motion picture, showing the exact procedure in four different operations was shown.

VICTORIA: The annual meeting of the Jubilee Hospital Alumnae Association was held recently with Miss Rossiter in the chair. The following members were elected as officers for the coming year: President, Miss E. Rossiter; first vice-president, Miss D. Hibberson; second vice-president, Mrs. J. H. Russell; secretary, Miss M. Dickson, 3770 Craigmillar; assistant secretary, Miss I. Donald; treasurer, Mrs. A. Dowell; social convener, Miss E. Bland; convener of sick committee, Miss E. Newman. Miss M. Dickson, secretary, presented the sixteenth annual report. The most outstanding social and financial success was the annual silver tea and bazaar. Donations included $25.00 to the Children's Solarium X-ray Fund; linen to the Jubilee Hospital; $10.00 to the Nightingale Memorial Fund. A new venture was a "flannel dance" held at the Royal Victoria Yacht Club which proved to be so popular that it was decided to make this an annual event. In April the annual re-union dinner was held when Miss Mitchell, superintendent of nurses of the Jubilee Hospital and a life member, together with the graduating class of 1935, were guests of honour. Miss Jean Moore, our former president, has become Mrs. G. Bothwell, but still remains a very active member of the Association.

VICTORIA: Miss Winnifred Cooke, instructress of the Royal Jubilee Hospital, Victoria, for a number of years, will terminate her work in British Columbia in July and will return to Montreal. Miss Cooke is a graduate of the School of Nursing of the Montreal General Hospital and has been active in association work during her stay in this province, and will be much missed. Miss Hariette B. Adamson has left for New Zealand to take a post-graduate course in Mothercraft. She has been awarded a scholarship by the Canadian Mothercraft Society.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held a recent meeting at the home of Miss Marjorie Trotter, the members of the executive being in charge.

DAUPHIN: A meeting of the gradute nurses of Dauphin and vicinity was recently held in the Dauphin General Hospital for the purpose of organizing a Graduate Nurses Association. Miss J. G. Stothart was chairman, and Miss D. E. Street was secretary pro tem. The following officers were elected: President, Mrs. W. J. Harrington; vice-president, Mrs. E. A. Marcroft; secretary, Miss D. E. Street; treasurer, Mrs. C. J. Jones; chairman of programme and social committee, Mrs. W. D. King; additional members of executive, Miss C. Kettles (representing hospital section); Miss Meredith Drinkwater (representing private duty section). The matter of Dominion registration was brought up, and an interesting discussion took place. This will be brought again to the attention of the members after Miss MacPherson Dickson's visit to Winnipeg. when we hope to have more information at our disposal. The first regular meeting was held on April 9 and the constitution and by-laws were passed. We plan to hold monthly meetings on the second Thursday of the month and soon to conduct a drive for more subscribers to *The Canadian Nurse*, as well as give some assistance to the Nightingale Foundation. A committee has been appointed to look into the matter of conducting a local registry for the private duty nurses. This is the only nurses' association outside of the cities, and we hope it will be of value to those nurses who are working in the country and in the smaller hospitals.

ST. BONIFACE: A luncheon was given by the St. Boniface Nurses Alumnae Association, during the latter part of March, in honour of Miss Etta Shirley, a graduate of the School of Nursing of St. Boniface Hospital, who will be married shortly, in Toronto.

WINNIPEG: Miss E. MacPherson-Dickson, of Toronto, chairman of the Dominion Registration Committee of the Canadian Nurses Association, was the chief speaker at a recent meeting of the Manitoba Association of Registered Nurses. She stated that the object of Dominion registration was that a uniform standard of registered nurses' examination may be maintained throughout the Dominion, and outlined clearly the plan for registration of nurses in Canada, such as the establishment and administration of a Canadian College of Nursing and the enrolment of members and fellows. Dr. F. W. Jackson, deputy minister of health and public welfare, in an address on "Present-day trends in legislation," mentioned

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EXAMINATIONS FOR REGISTRATION OF NURSES IN MANITOBA

The University of Manitoba will conduct its semi-annual examination for Nurses Registration, on behalf of the Manitoba Association of Registered Nurses, on June 9th, 10th, and 11th, 1936, at the University Broadway Buildings in Winnipeg.

Applications will be accepted only from graduates of recognized hospital training schools who have completed their period of training.

For further information, address:—

THE REGISTRAR,
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the changes in legislation over a period of time as it pertained to the medical profession. He also spoke on standards for entrance into schools of nursing and adequate training for nurses, and offered some suggestions as to changes in the present Act relating to the Manitoba Association of Registered Nurses.

NEW BRUNSWICK

SAINT JOHN: The annual meeting of the Alumnae Association of the School of Nursing of the Saint John General Hospital was held recently, with Mrs. Leonard Dunlop in the chair. The election of officers took place as follows: Honorary President, Mrs. E. J. Mitchell; president, Mrs. F. M. McKelvey; first vice-president, Mrs. H. Steel; second vice-president, Miss M. Fillmore; treasurer, Miss K. Holt; assistant treasurer, Mrs. J. H. Vaughan; secretary, Miss C. Gleeson; additional members of the executive committee are: Miss M. Murdoch, Miss J. Henderson, Miss J. E. Beyea, Mrs. G. L. Dunlop.

MARRIED: On April 22, 1936, Miss Olive Eliza Brundage (St.J.G.H.) to Mr. Ronald Moore Seeley.

MARRIED: On April 11, 1936, Miss Constance Isabel Kinsman (St.J.G.H., 1932) to Mr. Stephen Ronald Saxby.

ST. STEPHEN: The local Chapter of the N.B.A.R.N. has held two meetings recently with Miss Mabel McMullen presiding. In April, Dr. H. S. Everett gave an interesting talk and demonstration on basal metabolism; members of the graduating class were guests. In May the article on "Dominion Registration of nurses," which appeared in *The Canadian Nurse*, was discussed under the leadership of Misses Nellie Lyons and F. M. Cunningham. Committees were appointed to attend to the activities of the summer. Miss Irene Sherrard has completed her postgraduate work at the Montreal General Hospital, and has entered upon her duties as operating-room supervisor at the Chipman Memorial Hospital.

ONTARIO

DISTRICT 1

LONDON: Forty-four members of the 1936 graduating class of Victoria Hospital, who were guests of honour of the Alumnae Association of the Hospital, were entertained recently at a most enjoyable dinner-dance at the London Hunt and Country Club. Miss Margaret McLaughlin, president, received and also presided during the after-dinner programme. Mrs. Hedley Smith, O.B.E., proposed the toast to the King and to Miss Mary L. Jacobs fell the honour of proposing the toast to the graduating class to which Miss Lyle Vidt re-

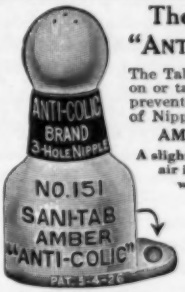
plied. Miss Johns, editor and business manager of *The Canadian Nurse*, was introduced by Miss Mildred Walker and gave an informal address. Miss Hilda Stuart, superintendent of nurses, moved a vote of thanks.

DISTRICT 2 AND 3

BRANTFORD: At the convention of the Ontario Hospital Association, the record librarians of Ontario formed an organization to be known as the Ontario Medical Record Librarians. Its executive committee, together with the councillors recently met at the Brantford General Hospital. Those present included: Miss Isobel H. Marshall, Brantford General Hospital, president; Sister M. Petronella, St. Joseph's Hospital, London, second vice-president; Miss E. L. Johnstone, General Hospital, Hamilton, corresponding secretary-treasurer and registrar. The councillors include Sister Louise of St. Joseph's Hospital, Hamilton; Mrs. Jean Anderson, Metropolitan Hospital, Walkerville; Sister M. Dolorosa, St. Joseph's Hospital, Guelph. Reports from the different committees were most encouraging and preliminary arrangements were made for the programme at the annual meeting which will be held in Toronto this fall.

The Brantford General Hospital opened its doors to the public on May 12, National Hospital Day. In our community we endeavour to show the relation of the hospital to all other health activities in the community including the Victorian Order of Nurses and the social service and Public Health Departments. These organizations were all given space in which to exhibit interesting details of their work. Following the inspection of the hospital, tea was served by the Women's Hospital Aid. The annual Hospital staff dinner was held recently at the Hospital followed by a theatre party. The staff of the Brantford General Hospital recently presented Miss S. A. Livett, supervisor of the Private Patients' Department, with a handsome travelling bag. Miss Livett recently resigned and will be succeeded by Miss Alice Goodwin (B.G.H., 1936). Miss Rhoda Campbell (B.G.H., 1930), who graduated from the United Church Training School in Toronto on May 5, leaves shortly for British Columbia, where she will engage in medical mission work.

KITCHENER: At a recent meeting of the Alumnae Association of the Kitchener-Waterloo Hospital a twenty-hour duty in hospitals was abolished and twelve-hour duty established. On April 14 the new obstetrical and pediatric wing was opened. The Lieutenant-Governor of Ontario and the Minister of Health for Ontario were in attendance. Fol-



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lowing the opening ceremony a reception was held. The new wing provides for 39 adults, 13 children, and 21 babies. X-ray and laboratory departments are situated in the basement together with a minor operating room. The children's department is located on the first floor. The second and third floors contain the maternity ward, the delivery room and nursery. The Alumnae Association has furnished a private room in the new unit.

DISTRICT 4

ST. CATHARINES: At a recent alumnae meeting of the Mack Training School Dr. Thompson gave a most interesting talk on dental health.

DISTRICT 5

TORONTO: Community Health Association. Miss Alma Haupt, Director of Nursing Service of the Metropolitan Life Insurance Company, spent several days in Toronto, en route to Ottawa to speak at the annual meeting of the Victorian Order of Nurses for Canada. At a meeting of the Community Health Association held at St. Michael's Hospital, on April 21, Miss Haupt spoke on "The romance of nursing." She told of interesting points connected with her work in Austria with the Commonwealth Fund. One hundred and sixty members and guests of the Association were present and remained for refreshments when Miss Haupt received with Sister Jean and Miss Laura Gamble, president of the Association.

TORONTO: Staff Council, Victorian Order of Nurses. The annual meeting of the staff council of the Toronto branch of the Victorian Order of Nurses was held at the School of Nursing on April 20. Miss Grace Cameron (Winnipeg General Hospital) was in the chair and Miss Gretta Ross of the Crippled Children Foundation was the guest speaker. She told a fascinating story of her travels and observations in Europe incidental to a year of study at Bedford College, London. Miss Louise Curtis (T.G.H.) was elected president of the Council for 1936-37.

TORONTO: MARRIED: Recently, Miss Irene McGurk (St. Michael's Hospital, 1923) to Mr. Walter Dunbar.

MARRIED: In February, 1936, Miss Madeleine Chapman (St. Michael's Hospital, 1935) to Dr. George Cragg.

DISTRICT 6

PETERBOROUGH: A meeting of Chapter C, District 6, R.N.A.O., was held recently and Dr. F. C. Neal presented a film entitled "On thoracoplasty." This was one of the best attended meetings the Chapter has had for some time. Five dollars was donated towards the Moose River Rescue Fund.

DISTRICT 7

KINGSTON: A meeting of the Alumnae Association of the Kingston General Hospital was held recently when definite plans for the Golden Jubilee celebrations were completed after a splendid report from the Executive Committee. From the enthusiasm shown in the many letters received it is expected the reunion will be a success. A sum of money was voted towards the expenses of the delegate to the C.N.A. Biennial in Vancouver.

MARRIED: On April 9, 1936, Miss Goldie MacLean Hazlett (K.G.H., 1928) to Mr. Walter S. Brown.

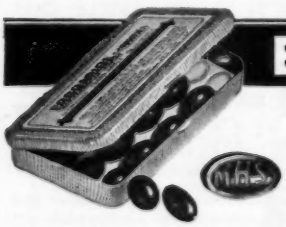
MARRIED: On April 9, 1936, Miss Helen Willena Merriman (K.G.H., 1933) to Mr. Charles A. Welter.

MARRIED: On February 16, 1936, Miss Goldie Parish (K.G.H., 1934) to Mr. Gordon H. Wylie.

MARRIED: On April 25, 1936, Miss Betty Wurtele (K.G.H., 1930) to Mr. J. Earl McCurdy.

DISTRICT 9

GRAVENHRST: The annual meeting of the Gravenhurst Chapter was held recently and in



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the absence of the chairman, Miss Adelaide McKnight presided. Dr. Milton Wellwood gave a most interesting talk on overseas hospital life during the Great War, from a patient's point of view. He paid tribute to the Nursing Sisters who, he said, were Sisters in the truest sense of the word. Miss Sylvia Bird was appointed delegate to attend the R.N.A.O. convention. The following officers were elected for the incoming year: Chairman, Miss Sylvia Howard; vice-chairman, Miss Esther Cunningham of Bracebridge; secretary-treasurer, Miss Dorothy Coade, Sanatorium P.O.

NORTH BAY: The annual meeting of the North Bay Chapter was held recently at St. Joseph's General Hospital. The secretary-treasurer's report showed that the Chapter had a very active and successful year. The officers for 1936-1937 are: Chairman, Miss Alice Quinlan; vice-chairman, Miss Helen Jordan; secretary-treasurer, Miss Ethel Shannon, 100 Fourth Avenue West. Rev. Sister Marie Stella was appointed the delegate to attend the R.N.A.O. convention at Peterborough. Miss Queenie Brady was re-elected convener of the private duty section, and was authorized by that group to undertake the establishment of a Central Registry in North Bay.

SAULT STE. MARIE: The annual meeting of the Chapter was held recently with Miss Gordon presiding. By unanimous vote the present officers were re-elected. Miss Rossie Densmore ably presented the annual report.

SUDBURY: The members of the R.N.A.O. residing in Sudbury met recently to organize a Chapter. Officers were elected as follows: Chairman, Miss Jane Thomas; vice-chairman, Rev. Sister St. Phillip; secretary-treasurer, Miss Florence Kruger, 293 Elm Street East.

The private duty nurses are showing an active interest in the Chapter and six applications for membership have already been received. A special meeting was recently held when Rev. Sister St. Phillip presented an interesting report of the R.N.A.O. convention.

TIMMINS: The annual meeting of the Timmins Chapter was held recently at St. Mary's Hospital. The reports of the various conveners showed an active interest. The membership committee reported four applications for membership. *The Canadian Nurse* convener reported the promise of several subscriptions. The meeting was attended by the members of the 1936 graduating class. The officers for 1936-1937 are: Chairman, Miss Florence Farr; vice-chairman, Miss G. Woodall; the office for secretary-treasurer has not been filled and this election will take place at the next meeting.

QUEBEC

JEFFERY HALE'S HOSPITAL: Through the kindness of the Young People of the United Church, a concert was given to help the Nurses' Benefit Fund. A telephone bridge was also given. Many donations have been made. Miss Walsh (J.H.H., 1915), Miss Perry (J.H.H., 1924), and Miss Read (J.H.H., 1934) are all convalescent. Sympathy is extended to Miss Fryers (J.H.H., 1932) in the death of her father.

MONTREAL GENERAL HOSPITAL: Miss Holt and the Nursing Staff of the Montreal General Hospital entertained at dinner in honour of three of its members who are resigning to be married. These include Miss K. C. Yule (M.G.H., 1931), Miss E. H. Watson (M.G.H., 1932) and Miss M. I. Ross (M.G.H., 1934). A presentation of silver was made to each of the guests of honour.

MONTREAL GENERAL HOSPITAL: Miss R. Denman (M.G.H., 1932) formerly of the night staff, is now in charge of Ward H which has been re-opened.

MARRIED: Miss Margaret Jean Smith (M.G.H., 1936) to Mr. William Lewis Day.

ROYAL VICTORIA HOSPITAL: The graduating exercises of the School of Nursing of the Royal Victoria Hospital took place May 12, with Dr. W. W. Chipman presiding. The report of the Training School was read by Miss M. F. Hersey, and Dr. J. C. Meakins gave the address to the graduating class. The pins and diplomas were presented by Mrs. Meakins. The Alumnae Association recently entertained at dinner in honour of the class. Miss Grace R. Martin presided.

Mrs. Thomas Grieve, president of the R.V.H. Alumnae Association, has recently

(*Additional News Notes, page* 284)

. . . OFF . . . DUTY . . .

Our dearest possession . . . (or nearly) . . . is a competent little Frigidaire . . . which adorns a corner . . . in our bedroom . . . No, we can't take time now to explain . . . the unusual location . . . of this domestic treasure . . . we just want to say . . . "isn't Science wonderful?" . . . before proceeding to protest against some of its other manifestations . . . Our Frigidaire is tractable . . . and performs its duties quietly . . . without benefit of "announcers" . . . but when we invoke . . . the power of the air . . . by twisting the knobs . . . of our obsolete radio . . . we are usually urged to buy . . . something which we do not particularly want . . . However, even though we do not possess . . . a magic eye . . . magic brain . . . or metal tubes . . . the magic key occasionally opens the right door . . . usually by accident . . . Just last Sunday . . . after the announcer . . . had waxed lyrical . . . about a moving picture . . . "The shape of things to come" . . . scenario by H. G. Wells . . . a philosopher whom we have never beheld in the flesh . . . but who over the years . . . has stirred up our mental processes . . . to a considerable extent . . . we suddenly heard . . . Mr. Wells' squeaky voice . . . spluttering over the Atlantic Ocean . . . and we held our breath to listen . . . However, in a moment . . . a suave announcer . . . abruptly turned the key . . . and thrust Mr. Wells away . . . from our very threshold . . . before we even had time . . . to stammer a word of gratitude . . . Therein lies the arrogance . . . of the power of the air . . . it admits of no direct reply . . . and of no immediate interruption . . . You can, of course . . . write to the station . . . to which you are listening . . . but that would not get you anywhere . . . Imagine anyone writing to Station CKAC in Montreal . . . to complain about the heretical statements . . . made by Mr. Lawrence Gilman . . . "disinguished music critic . . . of the New York Herald-Tribune" . . . All one can do . . . is to boil inwardly . . . while Mr. Gilman . . . safe from all contradiction . . . calmly asserts that "Beauty is not absolute . . . but depends upon the reactions produced . . . in the minds of men . . . " We just don't believe it, Mr. Gilman . . . The new moon and the evening star . . . would still be beautiful . . . even if the eye of man . . . had never beheld them . . . The mad ride of the Valkyries . . . (Toscanini conducting) . . . would trouble the spheres . . . if no one on earth were listening . . . Someday, someone will invent . . . a two-way radio . . . which will permit . . . the expression of strong emotion . . . on the part of the listener . . . Then we shall shout our Everlasting No at Mr. Gilman . . . and sing the praises of Mr. Wells who first led us to the flaming ramparts of the world . . . and bade us look out into Time and Space . . . We hasten to add . . . that by this time . . . Science will also have provided . . . a convenient switch . . . which will automatically protect both these gentlemen . . . from our praise . . . and from our blame . . . by the simple process . . . of tuning us out . . . in favour of a lovely lady singing . . . "It's been saow long . . . saow long"! . . .

E. J.

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sailed for England, where she will in future reside.

MARRIED: On April 18, 1936, Miss Gertrude Leah Johnston (R.V.H., 1925) to Mr. Colin B. Sewell.

SASKATCHEWAN

SASKATOON: Dr. L. H. McConnell recently gave a lecture on brain surgery to the Registered Nurses Association. The Saskatoon City Hospital Alumnae Association of the School of Nursing recently held a "Rainbow Tea" for which Miss Gladys Calder and Miss Anne Ferguson were co-conveners, and Mrs. R. M. Pinder, Mrs. G. B. Sommervill, Mrs. L. Shaw and Mrs. J. A. Valens presided. A substantial sum was raised for furnishing a room, for nurses, in the hospital. Miss E. O. Siverson (S.C.H., 1935) has accepted a position at the Community Hospital, Birch Hills, Sask.

REGINA: MARRIED: On April 23, 1936, Miss Flavia Linton became the wife of Mr. Alphee Arsenault. Miss Linton was, for six years, the local registrar for the Regina branch of the Saskatchewan Registered Nurses Association. The Association extends best wishes for her future happiness.

OVERSEAS NURSING SISTERS ASSOCIATION

The regular biennial meeting of the Overseas Nursing Sisters Association of Canada will be held on Wednesday, July 1, at Whytecliffe, West Vancouver, B.C. Further particulars concerning the time and place of meeting may be obtained at the registration desk of the Canadian Nurses Association in the Hotel Vancouver which, as already announced in the *Journal*, will be the headquarters of the biennial meeting of that Association. Miss Margaret Motherwell, A.R.R.C., is acting as special registrar for the O.N.S.A. on Monday, June 29, the opening day of the national meeting, and it is requested that all Overseas Nurses will kindly register with her.

REGINA: Miss L. Lynch was hostess to members of the Overseas Nurses Association at their annual meeting. The outgoing officers gave their reports and officers for 1936 were appointed as follows: Mrs. A. E. L. Shand, honorary president; Mrs. A. T. Child, president; Mrs. S. R. Parker, vice-president; Mrs. D. C. Fyfe, secretary-treasurer;: Miss L. Lynch, press and publication; Mrs. A. James and Miss C. R. Stewart, executive committee.

TORONTO: The Toronto unit of the Overseas Nurses Association met at tea at the home of Mrs. G. Silverthorn. Mrs. Driver, president of the Association, received with the vice-president, Mrs. John Duncan, and Miss Hartley, matron of Christie Street Hospital. Miss Laura Gamble, Miss Ruby Hamilton, Mrs. Ross Jamieson, social convener, and other members of the executive assisted.

WINNIPEG: The annual spring tea of the local unit of the Overseas Nursing Sisters Association took place recently and the guests were received by the president, Miss E. Parker, assisted by Miss McGillivray. Miss Eve Letellier of the Deer Lodge Hospital Nursing Staff has returned from the south and has resumed her duties. Mrs. S. Crim (née Gladys Matheson) renewed acquaintance in Winnipeg prior to sailing with here husband for Honolulu, where they will reside in future. Miss Winifred Dawson of the supervising staff of the Victorian Order of Nurses has spent some time in Winnipeg. Her many friends regret that she is leaving to resume her duties in Ottawa.

OBITUARY

DUNN—The death occurred on April 17, 1936, at St. Catharines General Hospital, as the result of an accident, of Miss Minnie Draper, a member of the class of 1903 of the Mack Training School of St. Catharines General Hospital.

EMERY—On April 11, 1936, at St. Mary's Hospital, New Westminster, Winifred Frances B. Emery. Miss Emery was a graduate of the School of Nursing of the Vancouver General Hospital.

HARRISON—On April 2, 1936, at the Vancouver General Hospital, Mrs. Elliot Harrison, wife of Dr. W. Elliot Harrison, and a graduate of the School of Nursing of the Vancouver General Hospital. Mrs. Harrison, before her marriage, was Miss Dorothy Banks.

Official Directory

International Council of Nurses

Secretary, Miss Anna Schwarzenberg, 14, Quai Gustav Ador, Geneva, Switzerland.

CANADIAN NURSES ASSOCIATION

Officers

President.....Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President.....Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President.....Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary.....Miss E. J. Wilson, 668 Bannatyne Ave., Winnipeg, Man.
Honorary Treasurer.....Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellows Bldg., Calgary; (4) Miss J. Clow, 9817-107th St., Edmonton.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss M. McMullen, St. Stephen.

Nova Scotia: (1) Miss L. G. Hall, Victorian Order of Nurses, Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss Margaret Buchanan, North Sydney; (4) Mrs. E. M. Haliburton, 203 Jubilee Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Rev. Sr. Stanislaus. Charlottetown Hospital, Charlottetown; (3) Miss Ina Gillan, Kent Manor, Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss C. Brewster, General Hospital, Hamilton; SECRETARY: Miss E. Frances Upton, 1396 St. Catherine St. W., Montreal; TREASURER: Miss M. B. Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS: **Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss A. J. MacLeod, General Hospital, Vancouver. **Manitoba:** Miss E. Mallory, The Children's Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss V. I. Winslow, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, Toronto Western Hospital, Toronto. **Prince Edward Island:** Rev. Sr. Stanislaus, Charlottetown Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

PRIVATE DUTY SECTION

ACTING CHAIRMAN: Miss J. L. Church, 120 Strathcona Ave., Ottawa; SECRETARY-TREASURER: Miss H. E. Wills, 2840 Robinson St., Regina.

COUNCILLORS: **Alberta:** Miss J. Clow, 9817-107 St., Edmonton. **British Columbia:** Miss E. Paulson, 432 Ash St., New Westminster. **Manitoba:** Miss P. Brownell, 215 Chestnut St., Winnipeg. **New Brunswick:** Miss M. McMullen, St. Stephen. **Nova Scotia:** Miss E. M. Haliburton, 203 Jubilee Road, Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss M Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal. **Saskatchewan:** Miss H. E. Wills, 2840 Robinson St., Regina. CONVENER OF PUBLICATIONS: Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, Eburne; SECRETARY-TREASURER: Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss A. A. McKee, 206 Oddfellows Bldg., Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Margaret Buchanan, North Sydney. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss Ina Gillan, Kent Manor, Charlottetown. **Quebec:** Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal. **Saskatchewan:** Miss E. Smith, Normal School, Moose Jaw.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, 1514-11th Ave. W., Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83rd Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss J. A. Connal, General Hospital, Calgary; *Private Duty*, Miss J. C. Clow, 9817-107th St., Edmonton; *Public Health*, Miss A. A. McKee, 206 Oddfellows Bldg., Calgary.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors:* Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave., Winnipeg; First Vice-President, Miss J. Houston, Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board:* Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 25, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stothart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg; *Committee Conveners: Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Corelli, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership*, Miss P. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Representative to *The Canadian Nurse*, Mrs. A. McFetridge, 71 Cambridge St., Winnipeg; Secretary-Treasurer, Mrs. S. Gordon-Kerr, 214 Balmoral Street, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandorsser; Second Vice-Pres., Mrs. A. G. Woodcock; Hon. Sec., Rev. Sister Kenny; *Councillors:* Misses M. Murdoch, F. Coleman, M. Miller, M. E. Stuart, E. M. Tulloch, Rev. Sister Kerr, Mrs. A. G. Woodcock, Mrs. Duffy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Public Health*, Miss A. A. Burns; *Private Duty*, Miss M. McMullen; *Convener of Constitution and By-Laws Committee*, Miss S. E. Brophy; Representative to *The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Mrs. C. F. Gillis, 9 Welsford St., Halifax; Second Vice-President, Mrs. C. M. Ryan, All Saints' Hospital, Springhill; Third Vice-President, Miss A. W. Foster, W.K.M. Hospital, Berwick; Recording Secretary, Miss Ruth Hart, 122 Spring Garden Rd., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Will o:ks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1:* Chairman, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3:* Chairman, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4:* Chairman, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5:* Chairman, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6:* Chairman, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7:* Chairman, Miss Mary F. Eliss, Public General Hospital, Smiths Falls; Secretary-Treasurer, Miss Dorothy Driffield, Box 612, Smiths Falls; *District 8:* Chairman, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9:* Miss H. E. Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10:* Chairman, Miss May Hamilton, 80 Crown St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors:* Misses F. Connolley, A. Claypole, L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors:* Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors:* Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Werth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors:* Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners: Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors:* Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

Chairman, Miss May Hamilton, 80 Crown St., Port Arthur; Vice-President, Miss Gladys Young; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors:* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections: Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative* to *The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév Soeur Marcellin, Mademoiselle Maria Roy; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Eileen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office:* Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mademoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections: Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (*French*), Mlle Julianne Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners:* Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College, Montreal, Miss Katherine Jamer, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors:* Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees: Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113-25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners: Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives:* to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners: Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council:* Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners: Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives:* to *the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee:* Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgens; *Social*. Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President. Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Relief-Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs .Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*. Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive:* Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee:* Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Mrs. A. E. Archer; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Mrs. B. I. Love; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners: Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*. Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President. Miss E. Rossiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell; Secretary, Miss M. Dickson, 3770 Craigmillar; Assist. Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees: Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors:* Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill. Second Vice-President, Miss J. Williamson; Secretary; Miss D. Burrell, 421 Banning St.; Treasurer. Miss W. Grice, 97 Balmoral Place; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margarson; *Press*, Miss Parkhill; *Representatives:* to *Local Council of Women*, Mrs. C. Sharkey; Press Representative for the *M.A.R.N.* and *The Canadian Nurse*. Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President. Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners: Visiting*. Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-Presidnet, Miss Pearl Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss M. Wilkins; Recording Secretary, Miss Anne Effler, Ste. 12, Diana Court; Corresponding Secretary, Miss Helen Ross, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners: Membership*, Miss Mary Shepherd, King George Hospital; *Visiting*, Miss Grace McKeevor, Winnipeg General Hospital; *Entertainment*, Mrs. C. B. Stewart, Ste. 38, Ritz Apts.; *Alumnae Club*, Miss S. Tretiak, Winnipeg General Hospital; Editor of Journal, Miss Julia Moody, 76 Walnut St.; Assistant Editor, Miss Annie Taylor, Winnipeg General Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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